

(1) PLACE OF BIRTH

County of **Laurens**
 Township of **Laurens**
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

8209

Registration District No. 2904

Registered No. 30
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **George Huggins**

If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb'y 28th 22**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Haskell Huggins**
 (9) PRESENT POSTOFFICE OF FATHER **Laurens S.C. RFD**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **22**
 (Years)
 (12) BIRTHPLACE **Laurens Co S.C.**
 (13) OCCUPATION **Farmer**

MOTHER.

(14) NAME BEFORE MARRIAGE **Mariah Huggins**
 (15) PRESENT POSTOFFICE OF MOTHER **Laurens S.C. RFD**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **20**
 (Years)
 (18) BIRTHPLACE **Laurens Co S.C.**
 (19) OCCUPATION **House keeper**
 (20) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **Born Alive** at **4 A. M.** on the date above stated.
 (Signature or Initials) (Hour A. M. or P. M.)

(23) (Signature) **W. H. Huggins**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Laurens S.C.**

Given name added from a supplemental report

(26) Witness **W. H. Huggins**
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **7/11/22** (28) Local Registrar **W. H. Huggins**

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.