

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42657

County of Richmond

Township of

or Inc. Town of

or (City of

Registration District No. 2204 Registered No. 137
(For use of Local Registrar)

(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 Francis Elizabeth Huff If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Huff
(9) PRESENT POSTOFFICE OF FATHER near 46'
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION house work
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Julia Gilbert
(15) PRESENT POSTOFFICE OF MOTHER Greer S. C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION house work
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was normal at 6:00 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jucy Beasley
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Gives name added from a supplemental report
..... 191.....
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Registrar

(26) Witness Lula Harrison
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 19 1922 (28) Dr. James Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

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