

(1) PLACE OF BIRTH

County of RichlandTownship of Four

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5597

Registration District No. 3803Registered No. 9

(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 Edward Higgin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Husley Higgin(9) PRESENT POSTOFFICE OF FATHER Easton(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Richland(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jackson(15) PRESENT POSTOFFICE OF MOTHER Easton(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Richland(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pleasant Jackson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Easton

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 11 1922 (28) G. J. Jackson 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.