

(1) PLACE OF BIRTH

County of Calhoun
 Township of Pine Grove
 or
 Inc. Town of Jone's Bluff
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6715

Registration District No. 803Registered No. 29
(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 Willie Higgins

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mar 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sade Higgins

(9) PRESENT POSTOFFICE OF FATHER

Parler S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucena Bostie

(15) PRESENT POSTOFFICE OF MOTHER

Parler S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer Hand

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Maggie Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Parler S.C.

Given name added from a supplemental report

(26) Witness

Mrs. J. D. Stoddemire

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

(27) Filed

Apr 1 1922

(28)

J. D. Stoddemire
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.