

(1) PLACE OF BIRTH

County of Fuller
 Township of Hills
 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

3836

Registration District No. 16A3 Registered No. 16
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Brene Elizabeth Huggins 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 Jan 28 23
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME B. G. Huggins
 (9) PRESENT POSTOFFICE OF FATHER John S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Baker
 (15) PRESENT POSTOFFICE OF MOTHER John S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (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 born alive at 7:25 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Schaefer
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife John S C

Given name added from a supplemental report

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

(27) Dated Feb 28 1923 at John S C Local Registrar.

When there was no attending physician or midwife, then the father, household r, 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.