

(1) PLACE OF BIRTH

County of Orangeburg  
Township of Elizabeth  
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  
**31616**

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

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

(2) Full Name of Child Sam E. Huffman (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>X</u> To be answered only in event of twins or triplets	5) Number in order of birth <u>1st</u>	6) DATE OF BIRTH <u>Sept 22 22</u> (Month) (Day) (Year)
FATHER		MOTHER	
9) FULL NAME <u>Thade E. Huffman</u>		14) NAME BEFORE MARRIAGE <u>Ellen Williams</u>	
10) PRESENT POSTOFFICE OF FATHER <u>North, S.C.</u>		15) PRESENT POSTOFFICE OF MOTHER <u>710 9</u>	
11) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
12) BIRTHPLACE <u>Edmonton Co., S.C.</u>		18) BIRTHPLACE <u>710 13</u>	
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Housework</u>	
20) Number of children born to mother, including present birth <u>9</u>		21) Number of children of this mother now living, including present birth <u>8</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Sam E. Huffman at 7:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) E. C. Crocker  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Seaford, S.C.

Given name added from a supplemental report SAK  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 22 1922 (28) J. A. Pate 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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RECORDS OF SOUTH CAROLINA, COLUMBIA, S. C.