

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town ofor
City of Easley

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5391

Registration District No. 37-ARegistered No. 23
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 5 1922
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Harry R. Higgins(6) PRESENT POSTOFFICE OF FATHER Easley(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lonella Carey(15) PRESENT POSTOFFICE OF MOTHER Easley(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 9:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Bolt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianEasley

Given name added from a supplemental report

(26) Witness W. H. Wyatt
(Signature of Witness necessary only when question 23 is signed for mark)(27) Filed Mar. 1 1922 (28) W. H. Wyatt
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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