

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Robt

Township of .....

or  
Inc. Town of Parris Islandor  
City of Parris Island

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

(2) Full Name of Child Infant of J. H. Higgins

File No.—For State Registrar Only

28998

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 600Registered No. 79  
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9-19-22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Andrew Higgins(9) PRESENT POSTOFFICE OF FATHER Parris Island S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE East Cambridge Mass(13) OCCUPATION U.S. Soldier U.S.M.C.(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary J. McDougall(15) PRESENT POSTOFFICE OF MOTHER Parris Island S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY .....  
(Years)(18) BIRTHPLACE Medford Mass(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report ✓(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 28 1922 (28) W. H. K. L. C.  
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.