

MAINTAINED FOR BINDING. WHITE BLANKS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Laurens
Township of Butler
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

15611

Registration District No. 22902 Registered No. 55
(For use of Local Registrar)

(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 Henrie Lex Huff 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 (6) Are Parents Married? yes (7) DATE OF BIRTH May 25, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Oscar Clarence Huff</u>	(14) NAME BEFORE MARRIAGE <u>Lucile Owens</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lydia Mills Clinton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lydia Mills Clinton S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Gummers S.C.</u>	(18) BIRTHPLACE <u>Laurens S.C.</u>	(13) OCCUPATION <u>Cotton mill operator</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:25 P.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
Physician Clinton S.C.

Given name added from a supplemental report

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

(27) Filed June 6, 1922 (28) J. L. W. Bailey Sub 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.

*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.

Registrar Only

0 (Signature)

Ward

med, make is directed

22 (Year)

Dilled

R 4

28 (Year)

1:30 P.M. M. or P. M.)

or Midwife

Q.S.

CD. Registrar.

RETURN.