

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Oak Lawn

Incl. Town of .....

City of .....

(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

30549

Registration District No. 22/10Registered No. 62

(For use of Local Registrar)

## (2) Full Name of Child

Jack Huggins

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

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Gor S Whitaker

(14) NAME BEFORE MARRIAGE

Grace Purdy

(9) PRESENT POSTOFFICE OF FATHER

Fountain Inn

(15) PRESENT POSTOFFICE OF MOTHER

Ft Inn Rd 3

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

30

(Years)

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

SC

(18) BIRTHPLACE

SC

(13) OCCUPATION

Cotton Mill operator

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 1922

(28) W. A. Rock 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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