

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

20104

(2) Full Name of Child.

Wade A. B. Higgins

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 16, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. B. Higgins

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Laurens Co

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Downe

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Domestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 a.m. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Ella Holland

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Woodruff S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filled June 23, 1912

(28) Chap. J. Roster
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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Before the fifth month of pregnancy.

FIRST BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia.