

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 <u>Aiken</u> Township of <u>Mc Tier</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>2, D. S.</u> Registered No. <u>5</u> (For use of Local Registrar)		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">74</div>
(2) Full Name of Child <u>Minnie Lee Huff</u>		If child is not yet named, make supplemental report as directed.		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 26, 1922</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Walter Huff</u> (9) PRESENT POSTOFFICE OF FATHER <u>Monetta, S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>42</u> (Years) (12) BIRTHPLACE <u>Aiken, Co.</u> (13) OCCUPATION <u>Planer</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Sarah Ann Doolittle</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Monetta, S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>33</u> (Years) (18) BIRTHPLACE <u>Aiken, Co.</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Ellas Williams</u>		(25) Address of Physician or Midwife <u>Garle, S.C.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>				
Given name added from a supplemental report ..... ..... ..... 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>2/1</u> 19 <u>22</u> (28) <u>J. C. Jones</u> 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.				