

## (1) PLACE OF BIRTH

County of BarrowMunicipality of Barrow

or 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

Registration District No. 301No. 12942Registered No. 76  
(For use of Local Registrar)(2) Full Name of Child Maggie Lou Higgins (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Type or Triplet No (5) Number in order of birth 1 (6) Live or Dead Yes (7) DATE OF BIRTH May 28, 23FATHER.  
(8) FULL NAME M. Higgins  
(9) PRESENT RESIDENCE OF FATHER Barrow St 6  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 62  
(12) BIRTHPLACE St George S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 7MOTHER.  
(14) NAME BEFORE MARRIAGE Maggie Jones  
(15) PRESENT RESIDENCE OF MOTHER Barrow St 6  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
(18) BIRTHPLACE Barrow St 6  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. J. Sherman  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Barrow St 6

Give name added from a supplemental report

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

(26) Filed June 21, 23 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.