

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orangeburg  
 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

31697

Registration District No. 2.6.13Registered No. 116  
(For use of Local Registrar)

City of ..... (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 Rosa Lee Higgins

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Higgins  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE Orangeburg, Co  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE Orangeburg, Co  
 (19) OCCUPATION Farm Help  
 (20) Number of children of this mother now living, including present birth 3

## 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) Laura Sherman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg, 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 Sept 5, 1922 (28) C. L. Fanning

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.