

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

22422

Registered No. 196
(For use of Local Registrar)

(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 Clara Eylee Higgin If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>Triplet</u>	5) Number in order of birth <u>3</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>July 19 196</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Harley Higgin9) PRESENT POSTOFFICE OF FATHER Eastover10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 23 (Years)12) BIRTHPLACE 2313) OCCUPATION Farmer20. Number of children born to mother, including present birth Three

MOTHER.

14) NAME BEFORE MARRIAGE Maggie Miller

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 21 (Years)18) BIRTHPLACE 2119) OCCUPATION Miner21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive midwife on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature Alice (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

aliceRFD 2 Box 32

19 Registrar

(26) Witness Mother Harband (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2/20/63 (28) St. James 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.