

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.

Mecklenburg or Columbia, S. C.

(1) PLACE OF BIRTH

County of
Township of
OR
Inc. Town of
OR
City of Spartanburg.....

(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. 40-A

File No.—For State Registrar Only
20064

Registered No. 956
(For use of Local Registrar)

St.;6.....Ward)

(2) Full Name of Child

Huff

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

3) BOY OR GIRL Boy

4) Twin or Triplet? No

5) Number in order of birth
To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH.....7.....19.....22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

D. Herman Huff

9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY.....33.....
(Years)

12) BIRTHPLACE

Ga.

13) OCCUPATION

Street Car Conductor.

MOTHER.

14) NAME BEFORE MARRIAGE

Alice Price

15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY.....27.....
(Years)

18) BIRTHPLACE

N.C.

19) OCCUPATION

Home.

20) Number of children born to mother, including present birth {.....(5) Five.....}

21) Number of children of this mother now living, including present birth {.....(4) Four.....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive.....at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Spartanburg, 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 7-15-22 (28) Jas. C. Pico
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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