

(1) PLACE OF BIRTH

County of Bamberg
Township of Bambergor
Inc. Town of
orCity 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 HealthFile No.—For State Registrar Only
63088Registration District No. 100 Registered No. 57
(For use of Local Registrar)(2) Full Name of Child Baby Higgins 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Higgins(9) PRESENT POSTOFFICE OF FATHER Bamberg S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Dorchester Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carey Elmore(15) PRESENT POSTOFFICE OF MOTHER Bamberg S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Dorchester Co(19) OCCUPATION Farmer(21) 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 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. F. Black Mt.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bamberg 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 6/7/16 (28) John Coover 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 or stillbirths before the fifth month of pregnancy.

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PRINT NO. 2.
WHILE 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.
McCauley, of Columbia.