

MAKEN RESERVED FOR ENDING.

WRITE PLAINLY. WITH UNFOLDING LINE—THIS IS A PERMANENT RECORD.
 X. 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 1.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Donald
 or Town of S.R.
 City of (No.)

(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

No. 2608—For State Registrar Only

Registration District No. 105 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Male</u>	(4) NAME OF FATHER <u>Henry Boyce Hiff</u>	(5) NAME OF MOTHER <u>Josephine Lively</u>	(6) DATE OF BIRTH <u>Feb 6th 1929</u>
(7) PRESENT RESIDENCE OF FATHER <u>Donald S.R.</u>	(8) PRESENT RESIDENCE OF MOTHER <u>Donald S.R.</u>	(9) COLOR OF CHILD <u>White</u>	(10) AGE AT LAST BIRTHDAY <u>2-8</u>
(11) BIRTHPLACE <u>Laurens Co</u>	(12) BIRTHPLACE <u>Abbeville Co</u>	(13) OCCUPATION <u>Farming</u>	(14) OCCUPATION <u>Farming</u>
(15) Number of children born to mother, including present one <u>1</u>	(16) Number of children of the mother now living, including present one <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(18) (Signature) R. H. Carter

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife

Given name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(22) State Married (23) Smile Humphrey Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed 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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