(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

or

Inc. Town of

or

City of (No. St.) Ward)

(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

File No.—For State Registrar Only
22589

Registration District No. 4008a Registered No. 67
(For use of Local Registrar)

(2) Full Name of Child Albert Samuel High

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet —

(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 July (Month) 11th (Day) 1922 (Year)

FATHER.

(8) FULL NAME Hugh Ennis High

(9) PRESENT POSTOFFICE OF FATHER Campobello RFD 2

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Susie May Lancaster

(15) PRESENT POSTOFFICE OF MOTHER Campobello

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thomas L. Lawson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Campobello S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/18 1923 (28) C. L. M. May 1924
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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