

## (1) PLACE OF BIRTH

County of UnionTownship of Unionor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hannes Miller Huggins 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

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

W. J. Huggins

(9) PRESENT POSTOFFICE OF FATHER

R. F. D. #1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Whitville N.C.

(13) OCCUPATION

Station Mill Work

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

{ 5 }

(14) NAME BEFORE MARRIAGE

Dora Hannes

(15) PRESENT POSTOFFICE OF MOTHER

R. F. D. #1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Union S.C.

(19) OCCUPATION

Domestic

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

{ 5 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

O. P. P. Joell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Union S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 7-10-22 (28) J. H. Harrell

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.