

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 of
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

7625

Registration District No. 3001 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Jennie Lee Huggins If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet? No 5. Number in order of birth 3 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 2, 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Moses Huggins

9. PRESENT POSTOFFICE OF FATHER Lamar

10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 25
 (Years)

12. BIRTHPLACE Darlington

13. OCCUPATION Farm Labor

20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE J. Lamon

15. PRESENT POSTOFFICE OF MOTHER Lamar

16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 27
 (Years)

18. BIRTHPLACE Darlington

19. OCCUPATION Domestic

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 alive at 6:00 P. M. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Isabella Calver

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

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 77 1923 (28) Isabella Calver 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.