

MARGIN RESERVED FOR BINDING.

WRITE 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.

Form 5-6

N. B.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenwood
Township of Cokerbury
or
Inc. Town of
or
City 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 Health

File No.—For State Registrar Only

4468

Registration District No. 2304 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley Higgins
(9) PRESENT POSTOFFICE OF FATHER Hodgus S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Hodgus S.C.
(13) OCCUPATION Farmer & School Teacher
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Buzzard
(15) PRESENT POSTOFFICE OF MOTHER Hodgus S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Sevier Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... born... at 12:00 P.M.,
on the date above stated. (Born alive or stillborn) * Hour A. M. or P. M.)

(23) (Signature) J. M. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hodgus 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 Feb. 16, 1922 (28) S. L. B. B. B. 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.

..... 19 Registrar (27) Filed Local Registrar.

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