

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72447

(1) PLACE OF BIRTH

County of DillonTownship of Maryland

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.)

Registration District No. 1605 Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Sallie Higgins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 20, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Higgins

(9) PRESENT POSTOFFICE OF FATHER

Dillon S.C.R.R.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

NC

(13) OCCUPATION

Farming

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

{ 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertie Hyatt

(15) PRESENT POSTOFFICE OF MOTHER

Dillon S.C.R.R.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

NC

(19) OCCUPATION

Housewife

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

{ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 5 am, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Callof(24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning

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 7/9

1916

(28)

R. F. Williams
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.

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.

McCaw, of Columbia.