

(1) PLACE OF BIRTH

County of Berkley
 Township of 2. Choos Creek
 or
 the Town of St. James
 or
 City of

CERTIFICATE OF BIRTH

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

No. 2987 For State Registrar
2987

Registration District No. 701... Registered No. 5...
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX Male (4) Type or Trace yo (5) Number to order of birth yo (6) DATE OF BIRTH Feb 9 1923
 (Month of Month) (Day) (Year)

FATHER

(8) NAME Sandie L. Huggins

(9) PRESENT RESIDENCE OF FATHER Berkley's corner

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24
 (Year)

(12) BIRTHPLACE Berkley

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Kathie L. Huggins

(15) PRESENT RESIDENCE OF MOTHER moncks corner

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23
 (Year)

(18) BIRTHPLACE Berkley

(19) OCCUPATION

(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 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Huggins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1123 Avenue

(26) Give name added from a supplemental report

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

(27) Filed Mar 10 1923 (29) H. R. Huggins

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.