

Form No. 1

(1) PLACE OF BIRTH

County of

Richland Co.

Township of

Eastover S.C.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803No. 12545 For State Registrar OnlyRegistered No. 3/6
(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 Dora Higgins

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

(3) SEX OR CHILD <u>Bay</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Oct 17</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Wash Higgins</u>	(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Eastover S.C.</u>	(12) BIRTHPLACE <u>Richland Co.</u>	(13) OCCUPATION <u>farmer</u>
(14) Number of children born to mother, including present birth <u>13</u>		

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Louisa Rolson</u>	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Eastover S.C.</u>	(18) BIRTHPLACE <u>Richland Co.</u>	(19) OCCUPATION <u>Household Duties</u>
(20) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3 20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) William H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Eastover S.C.

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed 1926 1923

19 Registrar

(28) W. H. H. 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.