

(1) PLACE OF BIRTH

County of Beaufort
Township of St. Helena
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - Tax Status Regular Only

Registration District No. 607

Registered No. 44 ✓
(For use of Loan 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

Jane Higgins

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

(2) SEX OR SEX <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married <i>no</i>	(7) DATE OF BIRTH <i>nov 3 1978</i> (Name of Month) (Day) (Year)
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FATHER

(1) FULL NAME *Anthony Sainey*
(2) PRESENT POST OFFICE OF FATHER *Troymore SC*
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *21* (Years)
(12) BIRTHPLACE *south Carolina*
(13) OCCUPATION *farmer*

NOTHING

17-10000

(14) NAME BEFORE MARRIAGE *Ethel Wiggins*

(15) PRESENT POSTOFFICE OF MOTHER *Frogmore*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE *South Carolina*

(19) OCCUPATION *Farmer*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:10 M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P.)

(28) (Signature) Denise Mouthier-Froymore
(34) State whether Physician or Midwife | (35) 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)

(37) Filed Nov 23 1967 1967 Nov 23 1967

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