

WRITE CLEARLY, WITH INK AND INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 3.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston (No. 1169 St.; Ward)
 (If birth occurs in a hospital or other institution, give name 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
553

Registration District No. 9A Registered No. **134**..
 (For use of Local Registrar)

(2) Full Name of Child William H. Hightower (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of Birth <u>X</u> To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 25, 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Joseph H. Hightower</u>		(14) NAME BEFORE MARRIAGE <u>Elizabeth Wad. Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>5169 Waterman Ave., N. W. Ave. S. E.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>N. W. Ave. S. E.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Fordyce, Ark.</u>		(18) BIRTHPLACE <u>Charleston, S. C.</u>		
(13) OCCUPATION <u>Mar. Business</u>		(19) OCCUPATION <u>Wife</u>		
(20) Number of children born to mother, including present birth <u>1</u> <u>Queen</u>		(21) Number of children of the mother now living, including present birth <u>1</u> <u>Queen</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Hightower, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Charleston, S. C.

Given name added from a supplemental report
 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. H. Hightower
 (27) Filed 27 19 22 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.