

(1) PLACE OF BIRTH

County of Yorkburg
 Township of Sumner
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20469

Registration District No. 4308 Registered No. 53
 (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 John Highe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 20th 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jamies Highe
 (9) PRESENT POSTOFFICE OF FATHER Zebelin N.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42
 (Years)
 (12) BIRTHPLACE Zebelin N.C.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Estherine Fuimore
 (15) PRESENT POSTOFFICE OF MOTHER Bethlehem N.C. R.R.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE Beakley N.C.
 (19) OCCUPATION Farm Labourer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillie Purvis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bethlehem N.C. R.R.

Given name added from a supplemental report

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

(27) Filed June 20th 19 22 (28) A. H. Moseley 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.

SEPARATE BLANK FOR EACH CHILD, and make a FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MCGAW OF COLUMBIA, COLUMBIA, S. C.