

(1) PLACE OF BIRTH

County of Greenville
 Township of Union
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead 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
4308

Registration District No. 2200 Registered No. 98
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles H. Higgs

(9) PRESENT POSTOFFICE OF FATHER Summersville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Mary King

(15) PRESENT POSTOFFICE OF MOTHER Summersville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

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

(23) (Signature) John M. Dickey (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summersville

Given name added from a supplemental report

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

(27) File March 10 22 (28) E. L. Richardson 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 shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.