

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

3 BOY OR GIRL

Boy

4 Twin or Triplet

To be answered only in case of Twins or Triplets

5 Number in order of birth

4

6 Are Parents Married?

yes

7 DATE OF BIRTH

May 30, 1922

(Name of Month) (Day) (Year)

8 FULL NAME

Vernon Huggins

9 PRESENT POSTOFFICE OF FATHER

City 45

10 COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

27

12 BIRTHPLACE

Spartanburg, S.C.

13 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Mrs. P. Lesesne

12/20/46

19

Registrar

(26) Witness

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

(27) Filed

7-1-

1922

(28)

R. J. Parke

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.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20242

Registration District No.

4008

Registered No.

168

(For use of Local Registrar)

St.;Ward)