

MARGIN RESERVED FOR FINDING  
WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Lee  
Township of Cypress  
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.)

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 3001 Registered No. ....  
(For use of Local Registrar)

File No.—For State Registrar Only  
**31038**

(2) Full Name of Child Munro Higgins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 27  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Melvin Higgins</u>	(14) NAME BEFORE MARRIAGE <u>Edw Samuel</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lamar</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lamar</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Darlington Co</u>	(18) BIRTHPLACE <u>Darlington Co</u>	(19) OCCUPATION <u>Farm Labor</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Isabelle X Samuel  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness S. S. Grant (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 8/5 19 27 (28) M. J. Anderson 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.