FORM NO. 1.

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
21716

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or
Inc. Town of .....

or
City of Abbeville

Registration District No. 1-A Registered No. 74
(For use of Local Registrar)

(No. 4 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 Eva Lillian Higgins

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? X

(5) Number in order of birth

(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 12 and
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hugh Lillian Higgins

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Stone Lake Ga

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Chaney

(15) PRESENT POSTOFFICE OF MOTHER Abbeville Rt 1

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Stone Lake Ga

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:15 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. L. Cox

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville Rt 1

Given name added from a supplemental report

..... 191..

Registrar

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

(27) Filed Nov 191.. (28) J. C. Brown
Local Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. If stillbirths occur once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHITE PLAINS, WHITE EYELETS AND THIS IS A PATENTED BINDING.
MARGIN RESERVED FOR BINDING.

N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST BORN No. 1, THE OTHERS No. 2, etc., in question 5.