

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of One West
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

File No.—For State Registrar Only

15128

Registration District No. 106 Registered No. 6
(For use of Local Registrar)
St.: Ward:
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Frederick Simpson Bigby

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan, 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Berry Simpson Bigby Jr.
(9) PRESENT POSTOFFICE OF FATHER Level Land SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Homestead SC
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Jolula Bell Dixon
(16) PRESENT POSTOFFICE OF MOTHER Level Land
(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 33 (Years)
(19) BIRTHPLACE Abbeville SC
(20) OCCUPATION Farming
(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 Alive at 10.30 am A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marguerite Scotland
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Level Land SC

Given name added from a supplemental report

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

(27) Filed 7 191... (28) Local Registrar.

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

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