

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25769

Registration District No. 1602

Registered No. 102

(For use of Local Registrar)

(No. 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

Annie E. Liza Wiggins

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Wiggins
Pillar R

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OF RACE

Colored

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie McCray

(15) PRESENT POSTOFFICE OF MOTHER

Pillar R

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(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 at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. W. Cobett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Little Rock SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1922

(28) 135 Hardy

Registrar

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.