

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

(1) PLACE OF BIRTH

County of RichTownship of

or

Inc. Town of

or

City of Colo

(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

36168

Registration District No. 189Registered No. 203

(For use of Local Registrar)

(No. 1135 Assembly Ave St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Major Lewis Wiggins(9) PRESENT POSTOFFICE OF FATHER Colo SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Retiree(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Foster(15) PRESENT POSTOFFICE OF MOTHER Colo SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Givens(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife 1523 Assembly St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)19 Registrar(27) Filed Dec 10 19 22 (28) W. T. Givens 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.