

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township or City Rock Bluff

City, Town or

Village

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 Register Only
162

Registration District No. 20

Registered on 22
(Day of Month Registered)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Willie James Piggins

1. FATHER'S
NAME

2. FATHER'S
NAME

3. Father is
older or
younger
than child

4. FATHER'S
NAME

5. FATHER'S
NAME

6. Father is
older or
younger
than child

7. FATHER'S
NAME

8. FATHER'S
NAME

9. Father is
older or
younger
than child

10. FATHER'S
NAME

11. FATHER'S
NAME

12. Father is
older or
younger
than child

13. PRESENT
POSTOFFICE
OF FATHER

14. PRESENT
POSTOFFICE
OF MOTHER

15. COLOR
IN
FACE

16. COLOR
IN
FACE

17. COLOR
IN
FACE

18. BIRTHPLACE

19. BIRTHPLACE

20. BIRTHPLACE

21. BIRTHPLACE

22. BIRTHPLACE

23. BIRTHPLACE

24. OCCUPATION

25. OCCUPATION

26. OCCUPATION

27. OCCUPATION

28. OCCUPATION

29. OCCUPATION

30. Number of children ever born

31. Number of children ever born

32. Number of children ever born

33. Number of children ever born

34. Number of children ever born

35. Number of children ever born

36. I hereby certify that I witnessed the birth of this child, who was

as the date above stated.

(Signature of physician or midwife) Dave McCall (Name of physician or midwife) M. McCall

Signature of witness necessary only
when question 33 is signed by mark.

(Signature of physician or midwife) Dave McCall (Name of physician or midwife) M. McCall

This form may be obtained at any Bureau of Vital Statistics office.

It is illegal to make false statements on this report or to conceal or destroy it.

Failure to furnish true information to this report or to conceal or destroy it is a felony.