

Form No 1.

(1) PLACE OF BIRTH

County of MarionTownship of Wahpet

Incl. Town of

City of

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

(2) Full Name of Child Eli Thomas Wiggins

File No. For State Registrar Only

86617

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3207 Registered No. 80

(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thos S Wiggins

(9) PRESENT POSTOFFICE OF FATHER

Sumner S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

RK track foreman

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Etha Lee Boatwright

(15) PRESENT POSTOFFICE OF MOTHER

Marion Co. Route 2

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE

Marion Co S.C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 a M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianMarion S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 9, 1916

(28)

B. F. Dill 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.

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.

City of Columbia