

IN PLACE OF DEATH

CERTIFICATE OF BIRTH

File No.—For State Register Only

County of

Greenville of SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of HealthOn
Step

Township of

In Town of

Registration District No.

Registered No.

City of

(No.)

Cedmont Road

Ward)

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

Full Name of Child

Baby Rigdon

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

BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

Full
Name

William L. Rigdon

Present
Place of Birth

Greenville S.C.

Color
or
Race

white

(8) AGE AT LAST
BIRTHDAY35
(Years)

(9) BIRTHPLACE

S.C.

(10) OCCUPATION

Farmer

(11) Number of children born to
father at present birth

3

MOTHER.

(12) NAME BEFORE
MARRIAGE

Ada Ellison

(13) PRESENT
POSTOFFICE
OF MOTHER

Greenville S.C.

(14) COLOR
OR
RACE

white

(15) AGE AT LAST
BIRTHDAY34
(Years)

(16) BIRTHPLACE

S.C.

(17) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was alive at 4:20 P.M.
(Born alive or stillborn) (Hour) (M.) (P.M.)
on the date above stated.

(20) (Signature)

Dr. R. B. Smith

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

Greenville

Does name added from a supplement-
tal report

(23) Witness

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

(24) Filed

1/22/22

1900

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
fourth month of pregnancy.