(1) PLACE OF BIRTH

County of Fairfield

Township of #3

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
30060

Registration District No. 1912 Registered No. 24
(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 Clyde Bigham Jr.

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

(3) 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)
Boy			yes	Sept 2 19 22

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Clyde Bigham.	(14) NAME BEFORE MARRIAGE: Carrie
(9) PRESENT POSTOFFICE OF FATHER: Blackstock, R-4	(15) PRESENT POSTOFFICE OF MOTHER: Blackstock, R-4
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: C. Lester Co.	(18) BIRTHPLACE: Fairfield Co.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 2	(21) Number of children of this mother now living, including present birth: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Barnes

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Blackstock, R-4

Given name added from a supplemental report

19 ....
Registrar

(26) Witness Mrs L. F. Heistler
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 5 1922 (28) Mrs L. F. Heistler
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.