

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

29991

County of ForchesterTownship of Forchesteror
Inc. Town of

City of

Registration District No. 17Registered No. 33
(For use of Local Registrar)(No. 17 St. 33 Ward)

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

(2) Full Name of Child

Baby Wigil

(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 -(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wigil(9) PRESENT POSTOFFICE OF FATHER Summersville S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Forchester Ch.(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Andrew Linnus(15) PRESENT POSTOFFICE OF MOTHER Summersville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Forchester Ch.(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 8:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Henry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summersville 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 Apr 7 1922

(28)

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.