

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 2.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Abbeville

STATE OF SOUTH CAROLINA.

Township of Deep Water

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

5604

Inc. Town of Registration District No. 12.6 Registered No. 12
(For use of Local Registrar)
City of (No. 81; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bernice Louise Bigby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or triplet? no (5) Number in order of birth 1
To be answered only in case of twins or triplets

(6) DATE OF BIRTH 3-24-23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Reverie Albert Bigby

(14) NAME BEFORE MARRIAGE Kathleen Trubb

(9) PRESENT POSTOFFICE OF FATHER Hones Path S.C.

(15) PRESENT POSTOFFICE OF MOTHER Hones Path S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Abbeville Co.

(18) BIRTHPLACE N. C.

(13) OCCUPATION Farming

(19) OCCUPATION Domestic

(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 Alive at 5:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hones Path 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 April 7, 1923 (28) J. H. Williams 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.

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