

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.

(1) PLACE OF BIRTH

County of Stony  
 or  
 Township of Galivants Ferry, S.C.  
 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

77573

Registration District No. 2505

Registered No. 62  
 (For use of Local Registrar)

(2) Full Name of Child

Dean Stiggins

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Walter Stiggins  
 (9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C. #3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Stony Co., S.C.  
 (13) OCCUPATION Day Laborer & renter  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cearnie Cullifer  
 (15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C. #3  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Thig  
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Aynor, 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 Sept 30 1916 (28) W. E. Thig 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.

MOBAY OF COLUMBIA, COLUMBIA, B. O.