

PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Williamston, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12751

Registration District No. 3-C

Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child Cadogan Bigby

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

(1) SEX OR ONLY <u>Boy</u>	(2) Type or <u>Infant</u> Is born or not in case of Twin or Triple	(3) Number in order of birth	(4) Age in years <u>70</u>	(5) DATE OF BIRTH <u>May 3 - 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(6) FULL NAME <u>Cadogan Bigby</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Moore</u>		
(7) PRESENT RESIDENCE OF FATHER <u>Williamston, S.C.</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Williamston, S.C.</u>		
(8) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(9) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(10) OCCUPATION <u>Painter</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. E. Hinton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Williamston S.C.

Given name added from a supplement-
al report

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

(27) Filed 6-12-23 (28) Edman Russell
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.

a supplementary report.....
[Signature]
Registrar

Address Lyman
Filed..... 19.....