CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH

County of _Spartanburg_

Township of ....

or

Inc. Town of ....

or

City of ....

Registration District No. _4008_ Registered No. _720_
(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.)

File No.—For State Registrar Only
87547

(2) Full Name of Child _William H. Wiggins_ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? _B_ (4) Twin or Triplet? .... (5) Number in order of birth .... (6) Are Parents Married? _Yes_ (7) DATE OF BIRTH _Oct. 30, 1916_ (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME _Benj Wiggins_

(9) PRESENT POSTOFFICE OF FATHER _Spfg R D 1_

(10) AGE AT LAST BIRTHDAY _49_ (Years)

(11) COLOR OR RACE _C_

(12) BIRTHPLACE _S.C._

(13) OCCUPATION _Farmer_

(20) Number of children born to mother, including present birth { ....11....

MOTHER.

(14) NAME BEFORE MARRIAGE _Silvia Mitchell_

(15) PRESENT POSTOFFICE OF MOTHER _Spfg R D 1_

(16) COLOR OR RACE _C_ (17) AGE AT LAST BIRTHDAY _37_ (Years)

(18) BIRTHPLACE _S.C._

(19) OCCUPATION _Housewife_

(21) Number of children of this mother now living, including present birth { ....8....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was .... at .... _1_ .... A. M. P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _Elizabeth Rice_ _med_

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

.... 191....

.... Registrar

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

(27) Filed _Nov 14 1916_ (28) _E. F. Parker_
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.

fifth month of pregnancy.