

(1) PLACE OF BIRTH

County of Robeson, N.C.

Township of Waverly

Inc. Town of Boystown, N.C.

City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

21759

Registration District No. 34

Registered No. 45
(For use of Local Registrar)

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

(2) Full Name of Child Miss Anne Bigam (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl 4) Type or Triplet None 5) Number in order of birth 1st 6) Sex eye 7) DATE OF BIRTH 7-1-23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Hughes Bigam

9) PRESENT POSTOFFICE OF FATHER Boystown, N.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

12) BIRTHPLACE Alabama

13) OCCUPATION Boiler

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

MOTHER.

14) NAME BEFORE MARRIAGE Blondie Matthews

15) PRESENT POSTOFFICE OF MOTHER Boystown, N.C.

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27

18) BIRTHPLACE Tennessee

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. M. Mitchell, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Boystown, N.C.

Given name added from a supplemental report

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

(27) Filed July 11, 1923 (28) S. T. Ottman 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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Division of Columbia, Columbia, S. C.