

(1) PLACE OF BIRTH

County of Robeson, N.C.Township of WorcesterInc. Town of Butterfield, N.C.City of Butterfield, N.C.

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

21759

Registration District No. 34Registered No. 45
(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.)

(2) Full Name of Child Anna Marie Bigam If child is not yet named, make supplemental report as directed3) BOY OR GIRL girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Sex girl 7) DATE OF BIRTH 7-1-23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Hyndrick Bigam9) PRESENT POSTOFFICE OF FATHER Butterfield, N.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22 (Years)12) BIRTHPLACE Alabama13) OCCUPATION Coker20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Blondie Smith15) PRESENT POSTOFFICE OF MOTHER Butterfield, N.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27 (Years)18) BIRTHPLACE Alabama19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. Mitchell, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Butterfield, 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. Atkman 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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