

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

File No.—For State Registrar Only
71004

(1) PLACE OF BIRTH
 County of Albemarle
 Township of Democratic
 or
 Inc. Town of ..
 or
 City of Albemarle (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 Annice Bigby (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Aug 21 1906</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jim Bigby</u>			(14) NAME BEFORE MARRIAGE <u>Abbie Liddle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Albemarle</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Albemarle</u>	
(10) COLOR OR RACE <u>Red</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Red</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Alb Co</u>	(13) OCCUPATION <u>Tommy</u>		(18) BIRTHPLACE <u>Alb Co</u>	
(19) OCCUPATION <u>Housewife</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	
(20) Number of children born to mother, including present birth <u>9</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annice Starks
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Albemarle

Given name added from a supplemental report

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

(27) Filed 8/26/06 (28) E. H. Allison 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.

WRITE PLAINLY. WITH ONE EXCEPTED CASE, SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.