

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

1. PLACE OF BIRTH

County of Charleston

Township of By Court Order

or Geneva Wiggins

Inc. Town of Charleston

or Charleston

City of Charleston (No. P.O. Anson St. St. Ward St.)

(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

File No.—For State Registrar Only

54890

Registered No. 448

(For use of Local Registrar)

(2) Full Name of Child \*Susie Wiggins

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? Single

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH April 26, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Phoenix Wiggins

(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.

(10) COLOR OR RACE colored

(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE Beaufort S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Nesbit

(15) PRESENT POSTOFFICE OF MOTHER Greenford S.C.

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Greenford S.C.

(19) OCCUPATION washer

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Bohinis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 34 Washington

Given name added from a supplemental report

C.O. # 6525

Filed 1-10-74

Registrar

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

(27) Filed 4/29/16

(28) 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.