CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
7859

(1) PLACE OF BIRTH
County of Hampton
Township of Lanston
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 21-01 Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Ruby Shiggs
If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin ~~or Triplet~~	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	Yes	4	yes	Jan. 8 1922
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME: Johnny Shiggs	(14) NAME BEFORE MARRIAGE: Annie May Ingram
(9) PRESENT POSTOFFICE OF FATHER: Varnette S.C. R.F.D. #1	(15) PRESENT POSTOFFICE OF MOTHER: Varnette S.C. R.F.D. #1
(10) COLOR OR RACE: Black (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR OR RACE: Black (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Farm work	(19) OCCUPATION: Farm help
20) Number of children born to mother, including present birth: 4	(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Della Martin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Varnette S.C. R.F.D. #1

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Jan 14 1922 (28) Jas. C. Richardson Jr.
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.

W. T. Ellis L.R.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw of Columbia, Columbia, S. C.