

(1) PLACE OF BIRTH
County of Charleston

Township of

or
Inc. Town of

or
City of

(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

88716

Registered No. 1397
(For use of Local Registrar)

Registration District No. 9A

(No. Robert Hospital)

St.; Ward)

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

(2) Full Name of Child Rebecca Sigmon

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Sigmon

(9) PRESENT POSTOFFICE OF FATHER 4 Pine Plant Charleston, S.C.

(10) COLOR OR RACE Wey no (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Common Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Hey

(15) PRESENT POSTOFFICE OF MOTHER 4 Pine Plant Charleston, S.C.

(16) COLOR OR RACE Wey no (17) AGE AT LAST BIRTHDAY 13 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Washer

(20) 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 11:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Phyllis M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Robert Hospital, Charleston, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 12/15/16 (28) J. Herbert Green M.D. 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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