

MARGIN RESERVED FOR BINDING.
WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 Berkley
Township of St. Thomas
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33320

Registration District No. 707

Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jane Wiggall

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 19
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Wiggall

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Berkley

(13) OCCUPATION Common Labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Ann

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

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Berkley

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rebecca Vanhook

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wando S.C.

Given name added from a supplemental report

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

(27) Filed Oct 11 1922 (28) L. G. Jones 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.

RECEIVED OF COLUMBIA, S. C.