

## (1) PLACE OF BIRTH

County of BambergTownship of Smith

Ina. Town of .....

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 HealthRegistration District No. 404Registered No. 65  
(For use of Local Registrar)

## (2) Full Name of Child

Wm. Wiggins

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

(a) SEX OF CHILD Male(b) TYPE OF BIRTH 3(c) DATE OF BIRTH June 15, 1923(d) DATE OF BIRTH June 15, 1923

FATHER

(1) FULL NAME Robert Wiggins(2) PRESENT RESIDENCE OF FATHER Edwards St(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 21(5) BIRTHPLACE Sc(6) OCCUPATION Farming(7) Number of children born to mother, including present birth 3

MOTHER

(1) FULL NAME Ruth May Williams(2) PRESENT RESIDENCE OF MOTHER Edwards St(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 22(5) BIRTHPLACE Sc(6) OCCUPATION Farm Laborer(7) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive 5-2 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Anna Stokes(30) State whether Physician or Midwife Midwife (31) Address of Physn. or Midwife Bamberg Sc

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed June 22, 1923 (34) H. D. Kinard

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or before the fifth month of pregnancy.