

1) PLACE OF BIRTH

County of S. Carol
Township of
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

19586

Registration District No. Registered No. 76
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL Y 4) Twin or Triplet? Y 5) Number in order of birth 1 6) Are Parents Married? Y 7) DATE OF BIRTH 25 5 19 00
To be answered only in event of Twins or Triplets Name of Month (Day) Year

FATHER.

MOTHER.

8) FULL NAME Harley W. Wiggins

14) NAME BEFORE MARRIAGE Miss McDonald

9) PRESENT POSTOFFICE OF FATHER Spartanburg

15) PRESENT POSTOFFICE OF MOTHER Spartanburg

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 7 (Years)

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 20 (Years)

12) BIRTHPLACE SC

18) BIRTHPLACE C

13) OCCUPATION Farmer

19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 1

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. M. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/1 1900 (28) A. R. Martin 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH READING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN. NO 1 THE OTHER NO 2 ETC. IN QUESTION 5. McADAMS OF COLUMBIA, COLUMBIA, S. C.