CERTIFICATE OF BIRTH File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of Chas S.C.

Township of " " "

or

Inc. Town of " " "

or

City of Chas S.C.

(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

41345

Registration District No. 9 A Registered No. 2009

(For use of Local Registrar)

(No. 3 Magazine St.; Ward)

(2) Full Name of Child Richard Wigfall

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 19 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Richard Wigfall

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

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE James Island

(13) OCCUPATION Baker

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Janie Washington

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

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE James Isld.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated.

(Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Alice Bryant

(24) State whether Physician or Midwife * midwife

(25) Address of Physician or Midwife 75 Shaw St.

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed 12/23 19 22 J. Mercer Green

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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

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

Bureau of Columbia, Columbia, S. C.