

(1) PLACE OF BIRTH

County of

Township of

Incl. 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 Health

File No.—For State Registrar Only

64174

Registration District No. 1809

Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child

Janette Wiggleson

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

(3) SEX OR

Male

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Age

Present

(7) DATE OF

BIRTH

June 28 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Betman

(9) PRESENT POSTOFFICE OF FATHER

McCombs, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farmer

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Wiggleson

(15) PRESENT POSTOFFICE OF MOTHER

New Branch, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was

Alive

at

5:30 P.M.

on the date above stated.

(22) (Signature)

J. B. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

New Branch, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File

June 29, 1916

(28)

J. B. Adams 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.

NATION RESERVED FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.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.