

(1) PLACE OF BIRTH

County of Bamberg
 or
 Town of 3 mile
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3143

Registration District No. 404 Registered No. 10
 (For use of Local Registrar)

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

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

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 18 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leviac Wiggins
 (9) PRESENT POSTOFFICE OF FATHER Lodge S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Lodge S.C.
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Galk (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife E. K. K. 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

Feb 18 22

(28)

W. D. K. K.

(29)

Local Registrar

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 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.