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2-3-43

1. PLACE OF BIRTH

County of Sumter S.C. Standard Certificate of
TOWNSHIP OF Sumter S.C. STATE OF SOUTH CAROLINA

-For State Registrar Only

J1364

Inc. Town of _____ Registration District No. 41-a Registered No. _____
(For use of Local Registrar)
City of Sumter, S. C. (No. - Mc Duff St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)2. FULL NAME OF CHILD Carl Robert Wiggins (If child is not yet named, make supplemental report as directed.)3. Boy or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth 1st 6. Premature X 7. Are Parents Married? no 8. Date of birth October 8 - 1923
(Month, day, year)9. Full name FATHER 18. Name before marriage MOTHER
Odessa Wiggins10. Residence (mailing address) _____ 19. Residence (mailing address) Sumter, S.C.
(If non-resident, give place and State) (If non-resident, give place and State)11. Color or race _____ 12. Age at child's birth _____ (years) 20. Color or race Black 21. Age at child's birth 19 (years)13. Birthplace (city or place) _____ 22. Birthplace (city or place) Columbia, South Carolina
(State or country) (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
_____ 19 _____ spent in this work _____ 19 _____ spent in this work _____27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor) _____ (During labor) _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Odessa Wiggins, Parent
or _____, GuardianGiven name added from _____
a supplementary report _____ (Date of) _____

Address _____

Filed March 17, 1943. M. B. Woodward, M. D.
Registrar.MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)