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2-3-43

1. PLACE OF BIRTH

County of Sumter S.C.

Standard Certificate of

STATE OF SOUTH CAROLINA

-For State Registrar Only

J1364

Township of Sumter S.C.or
Inc. Town ofRegistration District No. 41-aRegistered No.
(For use of Local Registrar)City of Sumter, S. C.(No. - 172c Duffy 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..... Full term X 7. Are Parents Married? no 8. Date of birth October 8 - 19 23
(Month, day, year)9. Full name FATHER18. Name before marriage MOTHER
Odezza Wiggins10. Residence (mailing address)
(If non-resident, give place and State).....19. Residence (mailing address)
(If non-resident, give place and State) Sumter, S.C.

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)
(State or country).....22. Birthplace (city or place)
(State or country) Columbia, South Carolina14. 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. Housewife15. 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)
..... 19..... spent in this work.....25. Date (month and year) last
engaged in this work..... 26. Total time (years)
..... 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 None28. If stillborn,
period of gestation..... months
weeks29. 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) Odezza 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.)