

(1) PLACE OF BIRTH

County of Berkely Co.
 Township of St. John
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. 34866

Registration District No. 200 Registered No.
 (For use of Local Registrar)

City of (No. 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 Louie Wiggins If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Triplet? No (5) Number in order of birth 1 (6) Age year (7) DATE OF BIRTH Nov 26, 23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Water Wiggins
 (9) PRESENT RESIDENCE OF FATHER Ridgelyville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Berkely Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Maggie Miller
 (16) PRESENT RESIDENCE OF MOTHER Ridgelyville S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25
 (19) BIRTHPLACE Berkely Co
 (20) OCCUPATION House Wife
 (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 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Bradley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgelyville

Given name added from a supplemental report

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

(27) Filed Nov 24, 23 (28) W. A. Smith

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn.

1. This form and of forms on file in the office of the Registrar are to be used in the registration of births and deaths. 2. This form is to be used in the registration of births and deaths. 3. This form is to be used in the registration of births and deaths.