

(1) PLACE OF BIRTH

County of CubaTownship of Biggor
Inc. Town ofor
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 Russ M. Wiggins

File No.—For State Registrar Only

36939

Registration District No. 204Registered No. 83

(For use of Local Registrar)

(3) BOY OR GIRL Boy(4) Twin or Triplet? —(5) Number in order of birth 1(6) Are Parents Married? Y

(7) DATE OF

BIRTH 11/16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Wiggins(9) PRESENT POSTOFFICE OF FATHER Granville S. C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Sc.(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie S. Satcher(15) PRESENT POSTOFFICE OF MOTHER Granville S. C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Sc.(19) OCCUPATION mill operator(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin at 8 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. C. Marshall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Granville S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 13 - 1922

(28)

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.

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