

(1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Just named*

4061

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2000*Registered No. *49*

(For use of Local Registrar)

(No. *2000* and *54*)

Ward

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

3) BOY OR GIRL *Boy*

4) Twin or Triplet

5) Number in order of birth
To be answered only in event of Twin or Triplet6) Are Parents Married *Yes*7) DATE OF BIRTH *1 24 73*
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *J. E. Wiggs*9) PRESENT POSTOFFICE OF FATHER *Greenville SC*10) COLOR OR RACE *W*11) AGE AT LAST BIRTHDAY *30*
(Years)12) BIRTHPLACE *W.C.*13) OCCUPATION *Franchising Salesman*20) Number of children born to mother, including present birth *4*

MOTHER.

14) NAME BEFORE MARRIAGE *Ala Crane*15) PRESENT POSTOFFICE OF MOTHER *Greenville SC*16) COLOR OR RACE *W*17) AGE AT LAST BIRTHDAY *30*
(Years)18) BIRTHPLACE *SC*19) OCCUPATION *Housewife*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 *at 10:44 M.*
on the date above stated. *born alive or stillborn* (How A. M. or P. M.)(23) (Signature) *Dr. J. E. Wiggs*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville SC*

(If name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only if Question 22 is signed by mark)

(27) Date *1 23 73*(28) *1 23 73*

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes stillborn, a report may be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.