

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGaw, of Columbia.

(1) PLACE OF BIRTH

County of Cherokee

Township of Cherokee

OR
Inc. Town of

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88971

Registration District No. 1102 Registered No. 103
(For use of Local Registrar)

(2) Full Name of Child. Vera Louise Bigham { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Y (7) DATE OF BIRTH Dec, 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Bigham

(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C. R7D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Cherokee Co.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Wesley McKee

(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C. R7D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. R. Wallace
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee 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 16 1916 (28) H. H. Hancock 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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