

(1) PLACE OF BIRTH

County of Orange
Township of James
or
the Town of Dunblair
City of _____

CERTIFICATE OF BIRTH

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

No. for State Register City

3827

Registration District No. 2001 Registered No. 14
(For use of Local Registrar)

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 Julian L. Wiggins If child is not yet named, make supplemental report as directed

1) SEX OR GENE _____ 2) Twin or Triplet _____ 3) Number in order of birth _____ 4) Are Parents Married? yes 5) DATE OF BIRTH Jan 1925
(Name of Month) (Day) (Year)

FATHER

6) FULL NAME J. Wiggins
7) PRESENT POSTOFFICE OF FATHER James
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 40 (Year)
12) BIRTHPLACE James
13) OCCUPATION carpenter

MOTHER

14) NAME BEFORE MARRIAGE Wiggins
15) PRESENT POSTOFFICE OF MOTHER James
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 38 (Year)
18) BIRTHPLACE James
19) OCCUPATION carpenter
20) 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 _____ at _____ P. M., on the date above named. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Wiggins (24) Address of Physician or Midwife Dunblair, Orange Co., S.C.
(25) State whether Physician or Midwife Physician

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
W. H. Wiggins (27) W. H. Wiggins

When (have) was (is) born _____
If (have) (is) born _____