

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 6.

(1) PLACE OF BIRTH

County of

Township of *Charleston*Inc. Town of *Charleston*

City of

(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

510 99

Registration District No. *9A*Registered No. *99*

(For use of Local Registrar)

(No. *Groves Hospital*)

St. Ward)

(2) Full Name of Child

Baby Scott

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of Birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 17, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Raymond Scott

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

21 (1)

(12) BIRTHPLACE

Stallby Hill S.C.

(13) OCCUPATION

Lab

MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Scott

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Housework

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... nt. *3:55* P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ralph H. Seane MD

(24) State whether Physician or Midwife

Phys

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/23

10

*22**22**22**22**22**22**22**22**22**22**22**22*

When there was no attending physician or midwife, then the father, household, 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.

Local Registrar