

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20172

Registration District No. 4002a

Registered No. 81
(For use of Local Registrar)(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

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

3) SEX OF CHILD	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
GIRL	✓	4	Yes	June 22, 1922
To be answered only in event of Twins or Triplets				

FATHER.

8) FULL NAME James Scruggs
 9) PRESENT POSTOFFICE OF FATHER Charleston R.F.D. 3
 10) COLOR OR RACE B
 11) AGE AT LAST BIRTHDAY 32
 12) BIRTHPLACE S.C.

13) OCCUPATION

Farming

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

4

MOTHER.

14) NAME BEFORE MARRIAGE

Alynnia Young

15) PRESENT POSTOFFICE OF MOTHER

Charleston R.F.D. 3

16) COLOR OR RACE

B

17) AGE AT LAST BIRTHDAY

22

18) BIRTHPLACE

S.C.

19) OCCUPATION

Housekeeping

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Balme at 5 A.M.
on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Charleston 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 July 10, 1922(28) J. B. Russell 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.