

(1) PLACE OF BIRTH

County of ChampaignTownship of Cityor
Inc. Town ofor
City of Champaign

(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

Registration District No. 36-A

File No.—For State Registrar Only

29586

Registered No. 153
(For use of Local Registrar)(No. human St. Ward)(2) Full Name of Child Quinn Lee 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 Aug 4 19 30
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wylie Scott(9) PRESENT POSTOFFICE OF FATHER Champaign SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE SC(13) OCCUPATION Mill Hand(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Winkler(15) PRESENT POSTOFFICE OF MOTHER Champaign SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23(18) BIRTHPLACE SC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:20 M.,
on the date above stated. (Hour of Day or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theresa Moore(24) State whether Physician or Midwife PhysicianAddress of Physician or Midwife Champaign SC

(Given name added from a supplemental report)

(25) Witness

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

(27) Filed 10-3 19 30(26) W. H. Douglas 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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