

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of Marion

or Inc. Town of .....

or City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 1008-B

No. 3344

Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Elizabeth Scroggs

(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 10 (7) DATE OF BIRTH 2 9 22  
(Name of Month) (Day) (Year)

(8) FATHER W. J. Scroggs (9) MOTHER Clara Westbrook

(10) PRESENT POSTOFFICE OF FATHER Jefferson S.C. (11) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.

(12) COLOR OR RACE W. (13) AGE AT LAST BIRTHDAY 32 (14) COLOR OR RACE W. (15) AGE AT LAST BIRTHDAY 32  
(Year) (Year)

(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION Permatum Inspector (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) 7 Bobo Scroggs

(24) State whether Physician or Midwife Midwife (25) (Signature) Clifford H.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "stillborn")

(27) Filed 10 22 (28) Local Registrar Scroggs

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Board of Health, Columbia, S. C.