

Form No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of Rid. Bluff  
 or  
 Inc. Town of McCabe  
 or  
 City of Ac

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19485

Registration District No. 3305 Registered No. 70  
 (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 Lucy Leona Scott If child is not yet named, make supplemental report as directed

3. SEX OF CHILD Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 6, 1932  
 (Name of Month) (Day) (Year)

## FATHER.

8. FATHER'S NAME William Bryant Scott9. PRESENT POSTOFFICE OF FATHER McCabe SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 19  
 (Years)12. BIRTHPLACE Bumellaville SC13. OCCUPATION Cotton Mill Work20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Annie May Cain15. PRESENT POSTOFFICE OF MOTHER McCabe SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 14  
 (Years)18. BIRTHPLACE Laurinburg NC19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas Hanner  
 (24) State Registrar Physician or Midwife (25) Address of Physician or Midwife McCabe SC

Given name added from a supplemental report

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

(27) Filed June 10, 1932 (28) J. D. Hanner  
 Registrar 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 MEDICAL COLUMBIA, COLUMBIA, S. C.