

MARGIN RESERVED FOR BINDING.  
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 5.

(1) PLACE OF BIRTH County of <u>Lee</u> Township of <u>Cypress</u> or Inc. Town of <u>      </u> or City of <u>      </u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>3001</u>		File No.—For State Registrar Only <b>31024</b>	
(2) Full Name of Child <u>Scott Roderick</u>		Registered No. .... (For use of Local Registrar) St.; ..... Ward) (If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>      </u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 15, 1927</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Louis Roderick</u> (9) PRESENT POSTOFFICE OF FATHER <u>Bishopville</u> (10) COLOR OR RACE <u>col</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (12) BIRTHPLACE <u>Lee</u> (13) OCCUPATION <u>Farm Labor</u> (20) Number of children born to mother, including present birth <u>2</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Blaise Thomas</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville</u> (16) COLOR OR RACE <u>col</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (18) BIRTHPLACE <u>Darlington</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:45</u> A. M. or P. M., on the date above stated. (23) (Signature) <u>Mary V. Boston</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>      </u>					
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness <u>D. D. Grant</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>5/23/27</u> (28) <u>W. D. Bore</u> 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.					

McGAW OF COLUMBIA, COLUMBIA, S. C.