

Form No. 1

(1) PLACE OF BIRTH

County of SanTownship of S. Charles

or

Inc. Town of.....

or

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43419

Registration District No. 301 Registered No. 274

(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) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 5-22</u>
				(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Scott9) PRESENT POSTOFFICE OF FATHER S. Charles10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 2112) BIRTHPLACE SC13) OCCUPATION Laborer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Rose Scott15) PRESENT POSTOFFICE OF MOTHER S. Charles16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 1618) BIRTHPLACE SC19) OCCUPATION Laborer21) 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 alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Scott(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife S. Charles

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 28-22 (28) Paul L. Lundy

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.