

(1) PLACE OF BIRTH

County of Anderson
 Township of Millbrook
 or
 Inc. Town of Deer
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24647

Registration District No. 38 Registered No. 97

(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 Thelma Scroggs {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 33 (6) Are Parents Married? yes (7) DATE June 11, 1922
 BIRTH (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Thomas J. Scroggs (14) NAME BEFORE MARRIAGE Lieke Head

(9) PRESENT POSTOFFICE OF FATHER Pela S.C. (15) PRESENT POSTOFFICE OF MOTHER Deer

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION mill work (19) OCCUPATION Sometime

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. I. Martin(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Pela S.C.

Given name added from a supplemental report

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

(27) Filed Sept 5, 1922 (28) W. J. Crenshaw 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.