

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child Ruth A. ScalesFile No.—For State Registrar Only
2453Registration District No. 40-a Registered No. 13

(For use of Local Registrar)

St. B Ward 6

If child is not yet named, make supplemental report as directed

(3) ☒ BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH 1-14-22 (Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME S. J. Scales
(3) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Couch
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was P. M. alive at 2:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Scales

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2-1-22(28) Jas. Coffey

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.

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MAJORS DESCRIBED BY NUMBERING
WRITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPORTANT RECORD
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
PHOTOGRAPH, No. 1. THIS OFFICE, No. 2, etc., in question 3.
SECTION OF SCHEDULE, NUMBER 1.