

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

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

Registration District No. 570

File No.—For State Registrar Only

39313

Registered No. 143  
(For use of Local Registrar)

## (2) Full Name of Child

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

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov 25 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Scott

(9) PRESENT POSTOFFICE OF FATHER

Detroit Mich

(10) COLOR OR RACE

Negro.

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

McCormick Co

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Brown

(15) PRESENT POSTOFFICE OF MOTHER

McCormick

(16) COLOR OR RACE

Negro.

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

McCormick Co

(19) OCCUPATION

H H

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4 P.M. on the date above stated.

(23) (Signature)

Douglas Haggerd M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Registrar

(28) 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.