

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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.  
 S. Caw, of Columbia.

## (1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,...OR  
Inc. Town of .....OR  
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

File No.—For State Registrar Only

49904

Registration District No. 3302...Registered No. 15.....

(For use of Local Registrar)

SL:.....Ward

(2) Full Name of Child Gallis May Scott,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 17/1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. J. Scott,(9) PRESENT POSTOFFICE OF FATHER Kelleek, S. C.(10) COLOR White, (11) AGE AT LAST BIRTHDAY 35  
OR RACE (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer,(20) Number of children born to mother, including present birth 6.....

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Grant,(15) PRESENT POSTOFFICE OF MOTHER Kelleek, S. C.(16) COLOR White, (17) AGE AT LAST BIRTHDAY 30  
OR RACE (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Paint Work,(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 alive,... at .... 11 P. M.... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) .... Rose Pegues.....

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

Midwife, E. Kelleek, S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness P. J. Pegues  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 15/1916 (28) N. H. Priest  
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.