

(1) PLACE OF BIRTH

County of RichlandTownship of X

or

Inc. Town of X

or

City of Columbia

(No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Odell Scott

File No.—For State Registrar Only

91518

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 38a Registered No. 1586

(For use of Local Registrar)

St.; (Ward)

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 14, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Chandler Smith Scott

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

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

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie We Martens

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 1 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Dr. C. Abel

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/18/16191

(28)

Local Registrar

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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