

(1) PLACE OF BIRTH

County of Richland

Township of X

or Inc. Town of X

or City of Columbia

(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

91518

Registration District No. 38a Registered No. 1586  
(For use of Local Registrar)

(2) Full Name of Child

Odell Scott

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 14 1916</u> (Name of Month) (Day) (Year)
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#### 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 Quarters

(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

..... 191.....

..... Registrar

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

(27) Filed 12/18 1916 (28) C. Abel 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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MICHIGAN DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, 1916. FORM NO. 1. THIS OFFICE, NO. 2, 210 N. ZEEB BUILDING, LANSING, MICHIGAN.