CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
317

(1) PLACE OF BIRTH
County of Barnwell
Township of Lorillard
or
Inc. Town of Lorillard
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 312 Registered No. 1
(For use of Local Registrar)
St.; Ward)
(No.
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Gerald Curtis Scott

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			yes	January	19	22

FATHER

(8) FULL NAME John Sidney Scott
(9) PRESENT POSTOFFICE OF FATHER Hilda La
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Richland Co S C
(13) OCCUPATION Contractor
(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Edna S
(15) PRESENT POSTOFFICE OF MOTHER Hilda La S C
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Richland Co S C
(19) OCCUPATION Housework
(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 born alive at 2 A M on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary X Nagyon
(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife) Lorillard S C

Given name added from a supplemental report
....., 19....
Registrar

(26) Witness Ort Johnson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 11 19 22 (28) Ort Johnson
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.

WHITE PAPER FOR USE OF TWINS OR TRIPLETS use Supplemental Blank for Item 22, etc., in question 8.
FILING-BOOK, No. 1. This certificate, No. 2, etc., in question 8.
N. B.—In case of TWINS OR TRIPLETS use Supplemental Blank for Item 22, etc., in question 8.
Made by Columbia, Columbia, S. C.