

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50410

County of *Spaulding*

Township of .....

Inc. Town of .....

City of *Spaulding, P.C.* (No. ....)

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

Registration District No. *40-2* Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *John Scott*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth *5*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Feb. 3, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *J. Scott*(9) PRESENT POSTOFFICE OF FATHER *Spaulding, P.C.*(10) COLOR OR RACE *white*

(11) AGE AT LAST BIRTHDAY (Years) .....

(12) BIRTHPLACE .....

(13) OCCUPATION *Merchant Tailor*(20) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE .....

(15) PRESENT POSTOFFICE OF MOTHER *Spaulding, P.C.*(16) COLOR OR RACE *white*

(17) AGE AT LAST BIRTHDAY (Years) .....

(18) BIRTHPLACE .....

(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *W. L. P. Scott*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spaulding, P.C.*

Given name added from a supplemental report

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

..... Registrar

(26) Witness

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

(27) Filed *Mar. 1916*

(28)

*Das*

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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

M. B. McCaw, of Columbia.

McCaw.