

MARGIN RESERVED FOR INDEXING.

IF BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER.

IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED

(1) PLACE OF BIRTH

County of Anderson  
Township of Amity Creek  
or  
Loc. Town of .....  
or  
City of .....

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

Registration District No 3-2 Registered No. 17  
(For use of Local Registrar)

File No.—For State Registrar Only  
3017

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

(2) Full Name of Child Margaret Abigail Scott

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

3. SEX OF CHILD GIRL 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb 26 1922  
(Name of Month) (Day) (Year)

FATHER

W. J. F.

MOTHER

8. FULL NAME Edward Richard Wolff

(14) NAME BEFORE MARRIAGE Abigail Estell Scott

9. PRESENT POSTOFFICE OF FATHER Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville

10. COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 27  
(Years)

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33  
(Years)

12. BIRTHPLACE N.Y.

(19) BIRTHPLACE Anderson

13. OCCUPATION Bookkeeper

(20) OCCUPATION Domestic

14. Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) E. H. H. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easy St.

(Given name added from supplemental report)

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

(27) File No. 8 1922 (28) J. R. Watson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If an actual birth, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy