

Form No. 1

## (1) PLACE OF BIRTH

County of FlamoraTownship of North

or

Inc. Town of

or

City of

(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

Registration District No. 7012 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Gladi Scurry { 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

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 1 1912  
(Name of Month) (Day) (Year)

## FATHER'S

(8) FULL NAME Madison M. Scurry(9) PRESENT POSTOFFICE OF FATHER Atlanta S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Flamora S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER'S

(14) NAME BEFORE MARRIAGE Savanna D. West(15) PRESENT POSTOFFICE OF MOTHER Atlanta S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Spauldun S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (How A. M. or P. M.)  
on the date above stated.(23) (Signature) R. I. Morris(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Atlanta S.C.

Given name added when a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 4/10/12 (28) A. Shuler 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

When placental, with unpadding ink—this is a permanent record.  
 No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark via  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 City of Columbia