

(1) PLACE OF BIRTH

County of Worcester
 Township of Worcester
 or Town of Worcester
 or City of Worcester

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

File No.—For State Registrar Only
26412

Registration District No. 240919 Registered No. 270

(No. 12 Hatch St. Braudon mill
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby Scott If child is not yet named, make supplemental report as directed

(3) SEX OR GEARL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-22-1911
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Scott
 (9) PRESENT POSTOFFICE OF FATHER 12 Hatch St Braudon mill
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE W.C.
 (13) OCCUPATION Drumwork
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Quinn
 (15) PRESENT POSTOFFICE OF MOTHER 12 Hatch St Braudon mill
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION millwork
 (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 born alive at 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed [Signature] (28) 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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