

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form 5-6

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		17046	
Township of .....		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or (City of .....		Registration District No. <u>10A</u>		Registered No. <u>135</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Aria Modestine Scruggs</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 4, 1923</u>	
To be answered only in case of Twin or Triplet					
FATHER			MOTHER		
(8) FULL NAME <u>Adolphus D. Scruggs</u>			(14) NAME BEFORE MARRIAGE <u>Flora Lewis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. R.F.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. R.F.D.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>white</u>			
(12) BIRTHPLACE <u>Startanburg Co. Md.</u>		(17) BIRTHPLACE <u>Transylvania Co. N.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>J.B. Hughes M.D.</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Gaffney S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 .....		(27) Filed <u>7/10</u> 19 <u>23</u>			
Registrar		(28) <u>J.D. Smith</u> 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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