

WRITE IN INK ONLY WITH UNFADING INK—FILL IN A PROMINENT RECORD.
N. B.—In case of TWINS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Kershaw

Township of

OR

Inc. Town of

OR

City of Columbia

(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

File No.—For State Registrar Only

15392

Registration District No. 29-9Registered No. 31

(For use of Local Registrar)

(No. Marked)

St.:

Ward)

(2) Full Name of Child

Edith Meccatt Scott

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

(3) BOY OR GIRL boy(4) Twin or Triplet? ☒(5) Number in order of birth 1(6) Are Parents Married? no(7) DATE OF BIRTH 5/18/22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ?(9) PRESENT POSTOFFICE OF FATHER ?(10) COLOR OR RACE Cal(11) AGE AT LAST BIRTHDAY ✓

(Years)

(12) BIRTHPLACE ✓(13) OCCUPATION ✓(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Scott(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Cal(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Domestic(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 at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Scott(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 20 22(28) 19(29) 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.