

(1) PLACE OF BIRTH

County of Kershaw
 Township of Flat Rock
 or
 Inc. Town of.....
 or
 City of.....

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

No. 44014

Registration District No. 2702 Registered No. 1
 (For use of Local Registrar)

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

(2) Full Name of Child

(a) SEX OR CHILD Girl (b) Type or Type L (c) Number in order of birth L (d) Age (Years) yes (e) DATE OF BIRTH Dec. 18, 1928
 (Name of Month) (Day) (Year)

FATHER.
 (1) NAME BEFORE MARRIAGE Louis Clyburn Scrull
 (2) PRESENT RESIDENCE OF FATHER Kershaw S.S. #1
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 35 (Year)
 (5) BIRTHPLACE Kershaw Co. S.C.
 (6) OCCUPATION Farmering

MOTHER.
 (10) NAME BEFORE MARRIAGE Bessie Cauthen
 (11) PRESENT RESIDENCE OF MOTHER Kershaw S.S. #1
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 36 (Year)
 (14) BIRTHPLACE Kershaw Co. S.C.
 (15) OCCUPATION Housewife
 (16) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Born A. M. or P. M.)
 on the date above stated.

(19) (Signature) J. R. Bell and
 (20) State whether Physician or Midwife Physician (21) Address of Physician or Midwife Kershaw S.S.

Give name added from a supplementary report

(22) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (23) Filed 2/10 (24) J. H. Burfield

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.