

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
50464

County of Spitzer STATE OF NORTH CAROLINA
Township of Carrsville Bureau of Vital Statistics
or Inc. Town of Registration District No. 4001 Registered No. 10
or (For use of Local Registrar)
City of (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 Chris Ornah Scruggs If child is not named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>15</u> <small>To be answered only in case of Twin or Triplet.</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 9 1916</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Thos J Scruggs</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Grace McCarter</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Fingerville</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Fingerville</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(16) BIRTHPLACE <u>GA</u>	(17) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>GA</u>	(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>15</u>		(21) Number of children of this mother now living, including present birth <u>15</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carrsville

Given name added from a supplemental report, 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Mary</u> 191 <u>6</u> (28) <u>A. G. Burton</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.

FORM NO. 100 MARGIN RESERVED FOR BINDING. WHITE 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 5.

McCaw, of Columbia.