

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Department of Vital Statistics
State Board of Health

File No.—For State Register Only

37759

County of
Township of
Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Baptismal District No. 40.0.8.

Registered No. 326
(For use of Local Registrar)

No. 5, Montgomery Street, Ward)

(2) Full Name of Child

(a) First or Middle Name
To be answered only in event of Twins or Triplets

(b) Number in
order of birth

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

DATE OF
BIRTH
(Name of Month) (Day) (Year)

FATHER

(a) FULL NAME
Wm M. Scott

(b) CURRENT
RESIDENCE
OF FATHER
Drayton St.

(c) COLOR
Red

(d) AGE AT LAST
BIRTHDAY 42

(e) BIRTHPLACE
Audubon St

(f) OCCUPATION
None

(g) Number of children born to
mother, including present birth
1

(h) Number of stillborns of this mother
and living, including present birth
0

MOTHER

(a) FULL NAME
Patricia Corcoran

(b) CURRENT
RESIDENCE
OF MOTHER
Drayton St

(c) COLOR
Red

(d) AGE AT LAST
BIRTHDAY 39

(e) BIRTHPLACE
Glendale St

(f) OCCUPATION
Domestic

(g) Number of children of this mother
and living, including present birth
1

(h) Number of stillborns of this mother
and living, including present birth
0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

(23) (Signature) S. J. Mad
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) M. D. (28) Mrs. C. T. Parker
Local Registrar

When there w. i. 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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