

(1) PLACE OF BIRTH

County of Lower
 Township of Richland
 or
 Inc. Town of Easton
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5589

Registration District No. 3803Registered No. 1
(For use of Local Registrar)

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

(2) Full Name of Child Rosemary Scott

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 1/20/27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Scott(9) PRESENT POSTOFFICE OF FATHER Easton SC(10) COLOR OR RACE S (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Richland Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Neja Davis(15) PRESENT POSTOFFICE OF MOTHER Easton SC(16) COLOR OR RACE S (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Easton SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Perkins Burke Easton
 (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 mark)

(27) Filed 1/28/27 (28) S. J. Ferguson
 Registrar 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.