

(1) PLACE OF BIRTH

County of GreenvilleTownship of Groveor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

56089

Registration District No. 2210 Registered No. 29

(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 Grace Scott { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> Is he named only in case of Twin or Triplet?	(5) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Apr 30</u> (Name of Month) (Day) (Year)
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(6) FULL NAME OF FATHER <u>John Scott</u>		(14) NAME BEFORE MARRIAGE OF MOTHER <u>Ola Pearson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Solar</u>		(18) BIRTHPLACE <u>Solar</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. P. Kendrick, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianGreenville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 16 1916 (28) S. A. Minor 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.

THIS IS A PERMANENT RECORD.
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 2.
McCaw, of Columbia.