

MAINTAINED 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.

McCOMB OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Edgefield</u>		STATE OF SOUTH CAROLINA		34253	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>1806</u>		Registered No. <u>44</u>	
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 <u>Olive Symbol Scott</u> (If child is not yet named, make supplemental report as directed)					
(3) Boy or Girl <u>girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 16 22</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Ralph Scott</u>			(14) NAME BEFORE MARRIAGE <u>Angus Cone</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>S C</u>			(18) BIRTHPLACE <u>S C</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1 4</u>			(21) Number of children of this mother now living, including present birth <u>1 4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6-20</u> A.M. on the date above stated. (Born alive or stillborn) (Hour P. M.)					
(23) (Signature) <u>W. B. Mathis md</u>					
(24) State whether Physician or Midwife (25) Address of Physic or Midwife <u>Augusta Ga</u>					
Given name added from a supplemental report			(26) Witness <u>Ralph Scott</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>Nov 1</u> Registrar			(27) Filled <u>Nov 1</u> 19 <u>22</u> (28) <u>Emma Zimmerman</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.