

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 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Parish
OR
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only

41457

Registration District No. 10A Registered No. 272
(For use of Local Registrar)

(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 Virginia May Scates

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twins (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Raymond Scates
(9) PRESENT POSTOFFICE OF FATHER Gaffney S. C. R. A. D.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Charleston County S. C.
(13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Barbara Pierce
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S. C. R. A. D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Charleston County S. C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Dossin, M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S. C.

Given name added from a supplemental report

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

(27) Filed Jan 27, 1922 (28) W. F. Smith
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.

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