

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—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 1.

(1) PLACE OF BIRTH  
 County of Aiken  
 Township of Whidson  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward) .....

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

No. 30778  
 Registered No. 151  
 (For use of Local Registrar)

Registration District No. 215

(2) Full Name of Child James Scott Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <u>Oct 11 1923</u>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>James Scott</u>			(14) NAME BEFORE MARRIAGE <u>Sally Evans</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Montgomery</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Montgomery</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>Housework</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 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Kasey  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Midwife Whidson

Given names added from a supplemental report

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

(27) Filed Oct 20 1923 (28) Oxendine  
 Local Registrar.

When there is 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.