

MARGIN HENDER FOR FOUR HUNDRED
 WRITING PLAINLY, WITH NO ABBREVIATIONS. THIS IS A FORM AND NOT A QUESTIONNAIRE.
 N. B.—In case of TWINS OR TRIPLETS, WRITE "TWIN" OR "TRIPLETS" IN THE SPACE PROVIDED, AND IN THE SPACE FOR FIRST-BORN, NO. 1, WRITE OTHER NO. 2, ETC. IN QUESTION 6.

1 (1) PLACE OF BIRTH

County of Crawfordsburg
 Township of City
 or
 Inc. Town of.....
 or
 City of Crawfordsburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2117

Registration District No. 36 A, Registered No. 4

(For use of Local Registrar)

(No. 50 Seclus ave. Ward)

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

(2) Full Name of Child Hyler A. Scott

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

1. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

3. FULL NAME Hyler A. Scott
 4. PRESENT POSTOFFICE OF FATHER Crawfordsburg S.C.
 12. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
 13. BIRTHPLACE Crawfordsburg S.C.
 14. OCCUPATION Mill-Operator
 20. Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Adeline Sineath
 (15) PRESENT POSTOFFICE OF MOTHER Crawfordsburg S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Rural O. Creek Co. S.C.
 (19) OCCUPATION Mill-Operator
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. H. Jones

(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 Jul 10 1922 at W. H. Beck 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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