

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
 Township of Scotia
 or
 Inc. Town of Scotia
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38774

Registration District No. 401Registered No. 89
(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 Oscelia Doughton

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplet	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 25 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Doughton</u>			(14) NAME BEFORE MARRIAGE <u>Olaf Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Scotia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Scotia S.C.</u>	
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura W. Wagoner
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Scotia 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 9/28/22 (28) W. J. P. P. P. 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.

W. J. P. P. P.
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