

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *Sumter*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

139-22-051064

Township of *Wadley*Registration District No. *4103*Registered No. *18*

Inc. Town of

*By Court Order dtd. 4-19-84, *JOHN EDWARD SCOTT of Local Registrar)

City of

(No. Ward)

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

(2) Full Name of Child *Edgar Scott*

*MARCH 22, 1922

| | | | | |
|-------------------------------|---|------------------------------|--|---|
| (3) BOY OR GIRL <i>Boy</i> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Mar 22 22</i> (Name of Month) (Day) (Year) |
|-------------------------------|---|------------------------------|--|---|

FATHER.

(8) FULL NAME *Frank Scott Jr.*(14) NAME BEFORE MARRIAGE *Sara Sumner*(9) PRESENT POSTOFFICE OF FATHER *Wadley SC*(15) PRESENT POSTOFFICE OF MOTHER *Wadley SC*(10) COLOR OR RACE *Col.*(11) AGE AT LAST BIRTHDAY *17*
(Years)(16) COLOR OR RACE *Col.*(17) AGE AT LAST BIRTHDAY *17*
(Years)(12) BIRTHPLACE *SC*(18) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*(19) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *5:00* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Christine Carter*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Wadley SC*

Given name added from a supplemental report

(26) Witness

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

(27) File No. *14*19 *22*(28) *M. H. Carl*

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.

MARGIN RESERVED FOR BINDING.

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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

CO #317 4-24-84 jsg

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