

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Middleton*

or

Inc. Town of

or

City of

(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*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

139-22-051064

Registration District No. *4103*Registered No. *18*

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

*MARCH 22, 1922

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Frank Scott Jr.*(9) PRESENT POSTOFFICE OF FATHER *Wedgefield SC*(10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *17* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Sara Sumner*(15) PRESENT POSTOFFICE OF MOTHER *Wedgefield*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *17* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Domestic*

(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 alive* at *5:00* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charlotte Carter*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Wedgefield*

Given name added from a supplemental report

(26) Witness

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

(27) File

14

19

23

(28)

M. H. Hall

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 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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