

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37322

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
City ofRegistration District No. 603A Registered No. 62
(For use of Local Registrar)City of 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 Delille Scott { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>40</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Nov 26 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME William Scott9) PRESENT POSTOFFICE OF FATHER Wade, S. C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)12) BIRTHPLACE Beaufort Co., S. C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Victoria Mitchell15) PRESENT POSTOFFICE OF MOTHER Wade, S. C.16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)18) BIRTHPLACE Beaufort Co., S. C.19) OCCUPATION Farmer's wife20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Frank X. White(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wade, S. C.

Given name added from a supplemental report

(26) Witness Mark

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

(27) Filed Dec. 4 1922 (28) Men. Laffa 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.