

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor  
Inc. Town of.....or  
City of.....(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 Laurie Scott

File No.—For State Registrar Only

32795

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 100 Registered No. 97  
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Scott Henry(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Scott(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.F.D.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Milly Anne Childs(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness J. E. Pressley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 7 1922 (28) J. E. Pressley  
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.  
N. B.—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.