

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of N. E.
 or
 Inc. Town of
 or
 City of Burien

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28996

Registration District No. 600Registered No. 77
(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 Thomas Scott

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

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

FATHER.

(8) FULL NAME John Scott
 (9) PRESENT POSTOFFICE OF FATHER Seabrook SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Seabrook SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Prier
 (15) PRESENT POSTOFFICE OF MOTHER Seabrook SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE White Hall
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M., on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 9, 1922 (28) A. C. Brant 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.

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.

RECEIVED OF COLUMNIST, COLUMNIST, S. C.