

(1) PLACE OF BIRTH

County of WillamburgTownship of Turkeyor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24282

Registration District No. 4511Registered No. 25
(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 Mary B. Scott

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH May 4 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Scott

(9) PRESENT POSTOFFICE OF FATHER

Kingstree

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

1
(Years)

(12) BIRTHPLACE

Willamburg

(13) OCCUPATION

Farm hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Raisy Peterson

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree

(18) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Willamburg

(19) OCCUPATION

Farm hand

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Lisdale

(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 May 13 1922(28) W E Snowden
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.

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