

Form No. 1

PLACE OF BIRTH
County of RICHLAND

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

File No. — For State Registrar Only
66079Township of LOWERInc. Town of WachulaCity of Wachula

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3803 Registered No. 77
(For use of Local Registrar)2) Full Name of Child Robert Scott

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 8 1906</u> Month (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Scott</u>			(14) NAME BEFORE MARRIAGE <u>Nervie Weston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gadsden S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gadsden S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Ellerbe S.C.</u>			(18) BIRTHPLACE <u>Kingville S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at Wachula on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. M. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MIDWIFE

GADSDEN

Given name added from a supplemental report

(26) Witness R. B. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/30 1906 (28) E. M. Smith 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.

N. B.—In case of TWINS OR TRIPLETS, fill in a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER NO. 2, etc., in question 6.