

PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 or Town of Barnwell
 or City of

CERTIFICATE OF BIRTH

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

No. 12947

12947

Registration District No. 501Registered No. 21
(For use of Local Registrar)

City of (No. St. Ward)

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

(1) Full Name of Child Julia Scott If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD girl (3) Type or Figure To be given only in case of Twins or Triplets (4) Age no (5) DATE OF BIRTH May 8, 23 (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE James Scott (15) PRESENT RESIDENCE OF FATHER Barnwell S.C. (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (18) BIRTHPLACE Barnwell S.C. (19) OCCUPATION Day labourer (20) Number of children born to mother, including present birth 3

MOTHER. (14) NAME BEFORE MARRIAGE Maud Glover (15) PRESENT RESIDENCE OF MOTHER Barnwell S.C. (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE Barnwell S.C. (19) OCCUPATION Day labourer (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... alive ... at 10 P M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Allen Holman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 19, 1923 (28) N. F. Kirkland 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.