

(1) PLACE OF BIRTH

County of Richland

Township of Center

or Inc. Town of

or City of

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

8993

Registration District No. 3801

Registered No. 21

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

(2) Full Name of Child Beulah Scott

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 6

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 13 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

(8) FATHER FULL NAME Leart Scott

(14) MOTHER NAME BEFORE MARRIAGE Ysie Wilson

(9) PRESENT POSTOFFICE OF FATHER Ystony SC

(15) PRESENT POSTOFFICE OF MOTHER Ystony SC

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Richland Co SC

(18) BIRTHPLACE Richland Co SC

(13) OCCUPATION Farmer

(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 5

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) S. James

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Ystony SC

Given name added from a supplemental report.

(26) Witness

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

(27) Date Mar 20 1922

(28) A.B. Lee

Registrar

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.

BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S.C.