

(1) PLACE OF BIRTH

County of RichlandTownship of Center

or Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

File No. - For State Registrar Only

8993

Registered No. 21

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 13, 1922</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME <u>Leart Scott</u>	(14) NAME BEFORE MARRIAGE <u>Isis Wilson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Isotony S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Isotony S.C.</u>
(10) COLOR OR RACE <u>Cal</u>	(16) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Richland Co. S.C.</u>	(18) BIRTHPLACE <u>Richland Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

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) <u>Indicate</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife <u>Isotony S.C.</u>
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Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(19) Registrar	(27) <u>Nov. 20, 1922</u> (28) <u>A.B. C. Head</u> 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.

IN CASE OF TWINS OR TRIPLETS, NEW A. HIGGINS, 1000 N. 10TH ST., ST. LOUIS, MO. 10, TEL. 1000, No. 2, etc., in question 5.

RECORDS OF RICHLAND COUNTY, S. C.