

(1) PLACE OF BIRTH  
County of Sumter  
Township of      
or  
Inc. Town of      
or  
City of      
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**83608**

Registration District No. 41a Registered No. 214  
(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.)  
(2) Full Name of Child John Wesley Scott { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: <u>Boy</u>	(4) Twin or Triplet: <u>X</u>	(5) Number in order of birth: <u>1</u>	(6) Are Parents Married: <u>Yes</u>	(7) DATE OF BIRTH: <u>Oct 15 1906</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER: <u>Hiram Scott</u>		(9) PRESENT POSTOFFICE OF FATHER: <u>Sumter</u>		
(10) COLOR OR RACE: <u>Negro</u>		(11) AGE AT LAST BIRTHDAY: <u>36</u> (Years)		(12) BIRTHPLACE: <u>Sumter Co S.C.</u>
(13) OCCUPATION: <u>Carpenter</u>		(14) NAME BEFORE MARRIAGE: <u>Dorothy Reame</u>		
(16) COLOR OR RACE: <u>Negro</u>		(17) AGE AT LAST BIRTHDAY: <u>35</u> (Years)		(15) PRESENT POSTOFFICE OF MOTHER: <u>Sumter, S.C.</u>
(20) Number of children born to mother, including present birth: <u>2</u>		(18) BIRTHPLACE: <u>Sumter Co S.C.</u>		
		(19) OCCUPATION: <u>House Wife</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 Alive at 2:00 PM on the date above stated. (born alive or stillborn) (Hour, Day or P. M.)  
(23) (Signature) Mrs. W. E. Everett  
(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Sumter S.C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. J. McKee  
(27) Filed 1916 (25) W. J. McKee Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
McCaw of Columbia.

\*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.