

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of St. Jamesor
Inc. Town of St. Jamesor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9445

Registration District No. 701 Registered No. 20

(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 Francis Scott

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 23 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Francis Scott</u>	(14) NAME BEFORE MARRIAGE <u>William Marion</u>	(9) PRESENT POSTOFFICE OF FATHER <u>St. James SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. James SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>St. James SC</u>	(18) BIRTHPLACE <u>St. James SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mark at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. James SC

Given name added from a supplemental report

(26) Witness Midwife (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 11 1923 (28) P. E. Shannon 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.