

(1) PLACE OF BIRTH

County of Richland
 Township of Lowry
 or
 Inc. Town of Eastover S.C.
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2403

Registration District No. 3703

Registered No. 27
 (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 Harry Rufus Scott (If child is not yet named, make supplemental report as directed)

(3) SEX Male (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH 1/1/16, 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Claude Scott
 (9) PRESENT POSTOFFICE OF FATHER Eastover S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Eastover
 (13) OCCUPATION Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE L Susan H. Pearson
 (15) PRESENT POSTOFFICE OF MOTHER Eastover S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Columbia S.C.
 (19) OCCUPATION _____

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) William H. Cause (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Eastover S.C.

Given name added from a supplemental report

(26) Witness _____

(27) Filed 1/2/16 19 22 (28) Signature of Witness necessary only when question 22 is signed to mark _____

(29) Local Registrar W. H. Cause

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.

MARGIN RESERVED FOR BINDING.
 WHEN FILLING IN THIS FORM, PLEASE USE A SEPARATE BLANK PAGE FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK PAGE FOR EACH CHILD, AND MARK THE
 FIFTH-THIRN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 RECORD OF CHILDREN, COLUMBIA, S. C.