

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

2) Full Name of Child

3) DAY OR
NIGHT(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twin or Triplets

(6) Are
Parents
Married?7) DATE OF
BIRTH

(Month) (Day) (Year)

MOTHER

8) FULL
NAME9) PRESENT
PLACE OF
BIRTH10) COLOR
OR
RACE

11) BIRTHPLACE

OCCUPATION

12) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 6:10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplement-
tal report

(26) Witness

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

(27) Filed

July 9, 1917

(28)

L. S. Maxwell
Local RegistrarIf attending physician or midwife, then the father, householder, etc., should make this return. If
even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18450

Registration District No. 84

Registered No. 28
(For use of Local Registrar)

(No. of Ward)

Full Name of Child Deland Loyel Scott

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

FATHER.

MOTHER

Name Washington Scott

Present Place of Birth Charleston, S. C.

Color or Race

Age at Last Birthday 45

Birthplace Edinburg, Va.

Occupation

Married

Number of children born to mother, including present birth five

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

Name Maud Clayton

Present Place of Birth Charleston, S. C.

Color or Race White

Age at Last Birthday 36

Birthplace Edinburg, Va.

Occupation

Married

Number of children born to mother, including present birth five