

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Lee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3719

Registration District No. 1208 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Isaac Scott (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Isaac Scott

(14) NAME BEFORE MARRIAGE Waddell Richardson

(9) PRESENT POSTOFFICE OF FATHER Cheraw R. 2

(15) PRESENT POSTOFFICE OF MOTHER Cheraw R. 2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 2 Years

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19

(12) BIRTHPLACE Chesterfield Co.

(18) BIRTHPLACE Chesterfield Co.

(13) OCCUPATION Farmer

(19) OCCUPATION House & farm work

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:27 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) V. J. W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cheraw, S. C.

Given name added from a supplemental report

(26) Witness

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

19 ..
 Registrar

(27) Filed

19 .. (28) O. S. Matheson
 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.