

(1) PLACE OF BIRTH

County of HayTownship of Beulah

Inc. Town of

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

Registration District No. 2-1

File No.—For State Registrar Only

4096

Registered No. 2-1

(For use of Local Registrar)

(2) Full Name of Child Ired Scott

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 Dec. 23, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ired Scott

(9) PRESENT POSTOFFICE OF FATHER

Conway S.C. 2-2

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24

(Year)

(12) BIRTHPLACE

Hay Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Conway S.C. 2-2

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

22

(Year)

(18) BIRTHPLACE

Hay Co. S.C.

(19) OCCUPATION

Housewife

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Conway S.C. 2-2

(26) Given name added from a supplemental report

(27) Witness Josephine Jackson (Signature of Witness necessary only when question 22 is signed by mark)(28) Filed Jan. 10, 1924 (29) J. E. Cameron 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.

MAKING KEPT FOR BIRTHING. WRITE PLAINLY. WITH SPACES ONE YEAR IN A PERMANENT RECORD. N. B.—In case of twins or triplets use a separate blank form each child, and mark it FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.