

Form No. 1

(1) PLACE OF BIRTH

County of Wilson
Township of Weldon
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
42091

Registration District No. 1603 Registered No. 184
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same. St.; Ward)

(2) Full Name of Child Emel Ramee Scott If child is not yet named, make (supplemental) report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 17 27
To be answered only in case of Twins or Triplets BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Trenor O. Scott

(14) NAME BEFORE MARRIAGE Lula Church

(9) PRESENT POSTOFFICE OF FATHER Lake View

(15) PRESENT POSTOFFICE OF MOTHER Lake View

(10) COLOR OR HAIR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Wilson County

(18) BIRTHPLACE Wilson County

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. E. ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake View

Given name added from a supplemental report

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

(27) Filed 12-11-27 (28) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.