

Form No. 1

(1) PLACE OF BIRTH

County of Union
 Township of Wesley
 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. (No. St.; Ward)
 (Instead of street and number.)

(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? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick O. Scott
 (9) PRESENT POSTOFFICE OF FATHER Lake View
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Wilson County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Church
 (15) PRESENT POSTOFFICE OF MOTHER Lake View
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Wilson County
 (19) OCCUPATION Housewife
 (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. Scott
 (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) W. E. Scott Local 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 stillbirth 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.