

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of WinkTownship of KingInc. Town of orCity of (No. of 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

File No.—For State Registrar Only

75094

Registration District No. 4302 Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Mina Jane Scott { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH Aug. 1, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Scott(9) PRESENT POSTOFFICE OF FATHER Fowler(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Wink(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Demicia McCollough(15) PRESENT POSTOFFICE OF MOTHER Fowler(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Wink(19) OCCUPATION Housekeeper(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 at 49 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Polly McFadden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Fowler

Given name added from a supplemental report

(26) Witness Henry Scott
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 8, 1916 (28) B. B. Blakely
Registrar 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.