

FORM NO. 3.

(1) PLACE OF BIRTH

County of Bladen

Township of Manning

or
Inc. Town of

or
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

File No. For State Registrar Only

45874

Registration District No. 1307 Registered No. 1
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 11 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Scott
(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.
(10) COLOR OR RACE Old (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Sumter Co. S.C.
(13) OCCUPATION Brickmason
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Maria Felder
(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.
(16) COLOR OR RACE Old (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Bladen Co., S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Iggie Bennett

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

Given name added from a supplemental report
....., 191.....
..... Registrar

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

(27) Filed Jan. 16 1916 (28) W. L. Todd 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.