

MADE BY THE STATE OF SOUTH CAROLINA. WHEN FILLING IN THIS FORM, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Calhoun</u>		STATE OF SOUTH CAROLINA		88619	
Township of <u>Camelia</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>800</u>		Registered No. <u>167</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Louisa Scott</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 30 1916</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Johnnie Scott</u>	(14) NAME BEFORE MARRIAGE <u>Fizzie Wright</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>W. Mott</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>W. Mott</u>				
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>S.C.</u>				
(13) OCCUPATION <u>Home father</u>	(19) OCCUPATION <u>—</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>3</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>—</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Harmon Jefferson</u>		(24) Address of Physician or Midwife <u>W. Mott</u>			
(25) State whether Physician or Midwife		(26) Address of Physician or Midwife			
Given name added from a supplemental report		(27) Witness <u>W. Mott</u>			
		(28) Filed <u>Dec 31 1916</u> 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.					

RECEIVED BY COLUMBIA, S. C.

F I L M