

NAME PRINTED IN FULL IN EACH SPACE. USE SEPARATE BLANK FOR EACH CHILD, and mark the
 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.
 DIVISION OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Amelia
 or
 Inc. Town of ..
 or
 City of ..
 (No. St.; Ward)
 (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
88619

Registration District No. 800 Registered No. 167
 (For use of Local Registrar)

(2) Full Name of Child Louisa Scott

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 30 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Scott
 (9) PRESENT POSTOFFICE OF FATHER H. Motte
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE SC
 (13) OCCUPATION Home father
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fizzie Wright
 (15) PRESENT POSTOFFICE OF MOTHER H. Motte
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION —
 (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 alive at — M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Jefferson
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report
 (26) Witness Dr. Miller
(Signature of Witness necessary only when question 23 is signed by mark)

..... 19 ..
 Registrar (27) Filed Dec. 31, 1916 (28) A. R. White 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.

F I L M