

## (1) PLACE OF BIRTH

County of

Richland

Township of

Inc. Town of

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 HealthFile No.—For State Registrar Only  
5076

Registration District No.

310

Registered No.

42

(By name of Local Registrar)

## 2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY  
GIRL

Boy

(4) Twin  
or Triplet(5) Number in  
order of birth

2nd

(6) Are  
Parents  
Married?

Yes

(7) DATE  
BIRTH

Feb. 4, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Wesley Scott

(9) PRESENT  
POSTOFFICE  
OF FATHER

Columbia S.C. Route 4

(10) COLOR  
OR  
RACE

Negro

(11) AGE AT LAST  
BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Richland Co. S.C.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Wilhelmina Johnson

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Columbia S.C. Route 4

(16) COLOR  
OR  
RACE

Negro

(17) AGE AT LAST  
BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to  
mother, including present birth

2

(21) Number of children of this mother  
now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated.

(23) (Signature) C. B. Stephens

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

Given, name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Feb. 12, 1923

(28)

C. B. Stephens

Local Registrar

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.

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