

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.

(1) PLACE OF BIRTH

County of Yorktown

Township of Lib

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89962

Registration District No. 2105

Registered No. 89

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillie 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 Parents Married? yes

(7) DATE OF BIRTH Dec. 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Scott

(9) PRESENT POSTOFFICE OF FATHER Smith Mills S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Paradise for S.C.

(13) OCCUPATION working

20 Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Pratt

(15) PRESENT POSTOFFICE OF MOTHER Smith Mills S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Anderson C. N.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Smith Mills S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 1, 1917 (28) J. M. McCracken 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.