(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
27454

Registration District No. 9A Registered No. .....
(For use of Local Registrar)

(No. 37 South ..... 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 Ina May 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 Sept. 2 1922 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Scott.
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Berkley Co. S.C.
(13) OCCUPATION Merchant.
(20) Number of children born to mother, including present birth 8.

MOTHER.

(14) NAME BEFORE MARRIAGE Ina Olivia Simmons
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Berkley Co.
(19) OCCUPATION Domestic
(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 Alive at 2:30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Miller M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 13 is signed by mark)

(27) Filed 9/8 23 J. Meier Wain M.D.
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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in order of Columns 6 C