

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Providence  
 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  
**2595**

Registration District No. 4106 Registered No. 2  
 (For use of Local Registrar)  
 (No. of Month) (Day) (Year)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lacie Scott

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

(1) BOY OR GIRL? Girl (4) Twin or Triplet?  
 (5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 2, 22  
 (No. of Month) (Day) (Year)

## FATHER

(8) FULL NAME John Scott  
 (9) PRESENT POSTOFFICE OF FATHER Darrell S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 46 (Years)  
 (12) BIRTHPLACE S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth 8

## MOTHER

(14) NAME BEFORE MARRIAGE Eugenia Scott  
 (15) PRESENT POSTOFFICE OF MOTHER Darrell S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 59 (Years)  
 (18) BIRTHPLACE S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Parker  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Darrell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Bunker  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10, 1922 (28) J.B. Raffield  
 Registrar 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.

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NOTE—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN V. No. 1. THIS OFFICE, No. 2, etc., in question 5.