

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
 Township of
 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

15011

Registration District No. 4000

Registered No. 20
 (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 James David Scott

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

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH Mar 11 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 10 1923 B. A. Mathison
 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.

Sec 504 of Columbia, Columbia S C