

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

17956

County of *Charleston*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of *St. P. St. M.*Registration District No. *909* Registered No. *119*

(For use of Local Registrar)

or Inc. Town of

or City of *Navy Yard* (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 *William S. Scott* If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>June 28, 1922</i> (Month) (Day) (Year)
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8) FATHER'S FULL NAME <i>John Scott</i>	14) NAME BEFORE MARRIAGE <i>Mary M. Gethers</i>
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9) PRESENT POSTOFFICE OF FATHER <i>Navy Yard</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Navy Yard</i>
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10) COLOR OR RACE <i>W</i>	11) AGE AT LAST BIRTHDAY <i>39</i> (Years)	16) COLOR OR RACE <i>C. C.</i>	17) AGE AT LAST BIRTHDAY <i>28</i> (Years)
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12) BIRTHPLACE <i>St. Andrews Parish</i>	18) BIRTHPLACE <i>McBrideville S. C.</i>
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13) OCCUPATION <i>Fireman</i>	19) OCCUPATION <i>Housework</i>
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20) Number of children born to mother, including present birth <i>6</i>	21) Number of children of this mother now living, including present birth <i>4</i>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lucy Washington*(24) State whether Physician or Midwife *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 mother)

(27) Filed *June 30, 1922* (28) *C. F. Myers* 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.