

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Williamsburg* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Fair Play* State Board of Health

File No.—For State Registrar Only
47672

Inc. Town of Registration District No. *4311* Registered No. *4*
 (For use of Local Registrar)

City of (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 *Warren Scott* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *no* (7) DATE OF BIRTH *June 26, 1915*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wray Scott*

(9) PRESENT POSTOFFICE OF FATHER *Bloomington*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *37*
 (Years)

(12) BIRTHPLACE *Williamsburg*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucy McClary*

(15) PRESENT POSTOFFICE OF MOTHER *Bloomington*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *30*
 (Years)

(18) BIRTHPLACE *Williamsburg*

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 A.* M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) *Johnnie Joe Boyd*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 101
 Registrar

(26) Witness *Jerry Scott*
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filled *Feb. 1915* (28) *J. E. Mowbray*
 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.

WH N.J. McCaw, of Columbia.
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