

Office of Columbia, Columbia, D. C.

File No.—For State Registrar Only
20421

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

Registration District No. 43A. Registered No. 26.
(For use of Local Registrar)

(No. East Main 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 Benjamin Scott, Jr. 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? Yes

(7) DATE OF BIRTH June 30, 1922.
(Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

8) FULL NAME Benjamin Scott,

(14) NAME BEFORE MARRIAGE *Alma Hensch*

9) PRESENT POSTOFFICE OF FATHER *Kingstree, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *38*.....
(Years)

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *28* (Years)

12) BIRTHPLACE
Williamstburg Co., S.C.

(13) BIRTHPLACE
Williamstburg Co., S.C.

13) OCCUPATION *Farming.*

(19) OCCUPATION Schooling.

20) Number of children born to mother, including present birth: { Five }

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Maggie Rivers (C) was the Midwife

Given name added from a supplemental report

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

(27) Filed July 6, 1922 (28) J. G. McButchen,
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.