

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42526

(1) PLACE OF BIRTH

County of GeorgetownTownship of 7th

or

Inc. Town of Anders SC

or

City of

Registration District No. 2703Registered No. 154
(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 Emily Scott

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

(3) BOY OR GIRL? <u>Female</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Oliver Scott</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Monthly</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Anders SC</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>Georgetown Co SC</u>	(19) OCCUPATION <u>Washer woman</u>
(13) BIRTHPLACE <u>Williamsburg Co SC</u>	(20) Number of children of this mother now living, including present birth <u>1</u>		
(13) OCCUPATION <u>Farmer Hand</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) <u>Oliver Scott</u>	(24) Address of Physician or Midwife <u>Anders SC</u>
(24) State whether 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 <u>Dec 18 1922</u> (28) <u>11203</u> 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.