Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71026

(1) PLACE OF BIRTH

County of Abbeville

Township of Lowndesville

or Inc. Town of ..... Registration District No. 118 Registered No. 75 (For use of Local Reistrar)

or 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 Alice Ruth 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? yes	(7) DATE OF BIRTH Aug (Name of Month), 3 (Day), 1916 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.

(8) FULL NAME Lawrence Orr Scott

(9) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Abbeville County S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Moore

(15) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 12-30 P. M., (Born alive ~~or stillborn~~) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thos O Kirkpatrick M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lowndesville S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Aug 5 1916 (28) J M Huckabee 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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and [illegible] the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.