

## (1) PLACE OF BIRTH

County of Marion  
 Township of Leaves  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27143

Registration District No. 3245 Registered No. 61  
 (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 Clarendon Scott If child is not yet named, make supplemental report as directed

1 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 7, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Bennie Scott  
 9 PRESENT POSTOFFICE OF FATHER Marion SC  
 10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 24 (Years)  
 12 BIRTHPLACE Marion County  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth (1)

## MOTHER.

14 NAME BEFORE MARRIAGE Mamie Ross  
 15 PRESENT POSTOFFICE OF MOTHER Marion SC  
 16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 17 (Years)  
 18 BIRTHPLACE Marion County  
 19 OCCUPATION House & Farm work  
 21 Number of children of this mother now living, including present birth (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born living at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

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

(27) Filed July 28, 1922 (28) Am Schaffer Local Registrar

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\*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.

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