

(1) PLACE OF BIRTH

County of Barnwell
 or
 Township of East Oak
 or
 Inc. Town of Smiths
 or
 City of Smiths

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

File No.—For State Registrar Only

10045

Registration District No. 509 Registered No. 19
 (For use of Local Registrar)

St.: Ward)

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

(2) Full Name of Child Charlie Scott

3. BOY OR GIRL Boy (4) Twin or Triplet? No
 To be answered only in event of Twin or Triplet

(8) Are Parents Married? yes(7) DATE OF BIRTH April 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Arace Scott(10) PRESENT POSTOFFICE OF FATHER Barnwell(11) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31
 (Years)(12) BIRTHPLACE Barnwell(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maple People(15) PRESENT POSTOFFICE OF MOTHER Barnwell(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (Years)(18) BIRTHPLACE Barnwell(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Parker (24) State whether Physician or Midwife Physician or Midwife

Give name added from a supplemental report

(26) Witness W. B. Parker
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 9, 1922 (28) Mrs. Parker
 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.