

(1) PLACE OF BIRTH

County of FlorenceTownship of Lake City

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1924

Registration District No. 20.3 Registered No. 3
(For use of Local Registrar)(No. 3 St.; 3 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Christine Scott { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan, 24, 1924
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Cesar Scott(9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Williamsburg Co.(13) OCCUPATION housewife(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Graham(15) PRESENT POSTOFFICE OF MOTHER Lake City, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Cadus, S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Signe B. Brown(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 24, 1924 (28) C. D. Rollins 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.

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Form No. 10. IN ALL CASES OF BIRTHS, THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. D.—in cases of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.