

1. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 2.

(1) PLACE OF BIRTH

County of Dickinson
Township of Windsor
or
Inc. Town of.....
or
City of.....

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

Registration District No. 215

No. 31425

Registered No. 68
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ben Scott If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 19 (7) DATE OF BIRTH Nov 19 1923
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Scott</u>	(14) NAME BEFORE MARRIAGE <u>Betty Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>White Pond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>White Pond</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>44</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Dickinson Co</u>	(18) BIRTHPLACE <u>Dickinson Co</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Ben on the date above stated. (Born alive or stillborn) (Hour 7 A. M. or P. M.)

(23) (Signature) Ella M. Cheas
(24) State where Physician or Midwife South Carolina (25) Name of Physician or Midwife White Pond

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11-22-23 (28) D. L. Smith 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.