

Form No. 1

(1) PLACE OF BIRTH

County of Wmshy
 Township of Plm
 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
32678

Registration District No. 4308 Registered No. 92
 (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 unnamed

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

(3) 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 Sept 17 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Scott
 (9) PRESENT POSTOFFICE OF FATHER Saltus Depon
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Wmshy Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Main Saltus
 (15) PRESENT POSTOFFICE OF MOTHER Saltus Depon sc
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Wmshy Co. S.C.
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 2 (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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lina Mack
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Saltus Depon

Given name added from a supplemental report

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

(27) Filed Sept 17 19 22 (28) A. R. Mosley 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.

MARGIN RESERVED FOR PRINTING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.