

Form No. 1

(1) PLACE OF BIRTH

County of Jaeger
 Township of Co. 1
 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
30786

Registration District No. 2600 Registered No. 84
 (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 Harry Scott

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 27 1919
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME William Scott
 (9) PRESENT POSTOFFICE OF FATHER Ridgeland
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE D.C. (Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Ford
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeland
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE D.C. (Years)

(13) OCCUPATION Farming

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth Eight (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5 P.M. on the date above stated. (Hour A. M. or P. H.)

(23) (Signature) Elizabeth Frazer
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeland

Given name added from a supplemental report

(26) Witness Edith (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/30 1919 (28) D. L. L. L. 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.