

FORM NO. 5.

(1) PLACE OF BIRTH

County of SumterTownship of Kingor
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

44949

Registration District No. 4402 Registered No. 58

(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Cyrus Scott If child is not yet named, make supplemental report as directed(3) BOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?
Yes(7) DATE OF BIRTH Dec 2, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ben Scott

(9) PRESENT POSTOFFICE OF FATHER

Kingstree

(10) COLOR OR RACE

W. C. 20(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

Sumter

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Alma Hanna

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree

(16) COLOR OR RACE

W. C. 20(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Sumter

(19) OCCUPATION

Housekeeper

(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 at 7:00 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. J. S. 11/11/11

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Kingstree

Given name added from a supplemental report

(26) Witness Ben Scott
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 11, 1911 (28) J. R. H. 11/11/11 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.

MAKING REVISIONS NOT BINDING.
WRITES 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.
McCall of Columbia.