

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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.

Form No. 1

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

File No.—For State Registrar Only
36248

(1) PLACE OF BIRTH

County of Richland

Township of Charleston

OR
Inc. Town of

OR
City of

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

(2) Full Name of Child James James Scott

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 10

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 1 1922

(8) NAME BEFORE MARRIAGE James James Scott

(9) PRESENT POSTOFFICE OF FATHER Labour 80

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 38

(12) BIRTHPLACE Richland Co S.C.

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE James James Scott

(15) PRESENT POSTOFFICE OF MOTHER Labour 80

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 36

(18) BIRTHPLACE Richland Co S.C.

(19) OCCUPATION Home Wife

(20) Number of children of this mother now living, including present birth 10

(21) Number of children of this mother now living, including present birth 10

(22) I hereby certify that I attended the birth of this child, who was ... at 10 P.M., on the date above stated.

(23) (Signature) W. H. Johnson

(24) State whether Physician or Midwife Midwife

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Johnson

(26) File Aug 10 1922

(27) Local Registrar W. H. Johnson

*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.