

1. PLACE OF BIRTH

County of HerndonTownship of Waterloo

OF

Loc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19130

Registration District No. 1...2... Registered No.

(For use of Local Registrar)

(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 Martha Scott

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

1. SEX OR

2. Twin

3. Number in

4. Are

5. DATE OF

BIRTH June 2, 22

To be answered only in event of Twins or Triplets

Parent

Married

(Day Year)

FATHER.

1. FULL NAME Monroe Scott2. PRESENT POSTOFFICE OF FATHER Lugoff S.C.3. COLOR OR RACE negro4. BIRTHPLACE S.C.5. AGE AT LAST BIRTHDAY 326. OCCUPATION labor7. Number of children born to mother, including present birth 2

MOTHER.

1. NAME BEFORE MARRIAGE Retie English2. PRESENT POSTOFFICE OF MOTHER Lugoff S.C.3. COLOR OR RACE negro4. BIRTHPLACE S.C.5. AGE AT LAST BIRTHDAY 236. OCCUPATION housewife7. 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 4.45... on the date above stated. (Per alive or stillborn Hour A.M. or P.M.)(23) (Signature) Midwife Lugoff S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Martha X Thomas

Given name added from a supplemental report

(26) Witness Sallie Roberson

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

(27) Date June 30, 1922 (28) Local Registrar Thomas

*When there was no attendance, the father, householder, etc., should make this return. If a child breathes even one full breath, its report is desired of stillbirths.

WRITE PLAINLY, WITH ENLARGING INK. THIS IS A PHOTODUPLICATION OF THE ORIGINAL. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE FORM FOR EACH CHILD AND MARK THE FIRST-BORN NO. 1 THE OTHER NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

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