

## (1) PLACE OF BIRTH

County of ColletonTownship of Walter

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 440

File No. - For State Registrar Only

17310

Registered No. 34  
(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 Herman Scott

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 7 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME Utholpment

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Ethel Scott(15) PRESENT POSTOFFICE OF MOTHER Sumner St.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION House girl(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour-A.M. or P.M.)(23) (Signature) E. V. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumner St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 7 1923

(28)

Local Registrar R. M. Kinsey

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.

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