

MARGIN RESERVED FOR BINDING.

WRITE 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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter  
Township of Shiloh  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**20334**

Registration District No. 4-107

Registered No. 59  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of ..... instead of street and number.)

(2) Full Name of Child Charles 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ed Scott</u>	(14) NAME BEFORE MARRIAGE <u>Emmanuel Green</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Shiloh, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Sumter Co</u>	(18) BIRTHPLACE <u>Sumter Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housework</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie X. W. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report  
.....  
..... 19 .. Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 6-20-22 at Shiloh 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.