

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.

(1) PLACE OF BIRTH

County of Albany
 Township of Wards
 OR
 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
17362

Registration District No. 214 Registered No. 8
 (For use of Local Registrar)

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

(2) Full Name of Child William Scott If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Scott
 (9) PRESENT POSTOFFICE OF FATHER Monetta S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Wren Co S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Maratha Louis
 (15) PRESENT POSTOFFICE OF MOTHER Monetta S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE Wren Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 11

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) Caroline Carter
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bridge Street S.C.

Given name added from a supplemental report

(26) Witness Alma H. H. H.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1, 1922 (28) H. E. H. 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.