

## (1) PLACE OF BIRTH

County of SummitTownship of BrandonCity of SummitCity of SummitCity of Summit

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

406

Registration District No. 22093Registered No. 53

(For use of Local Registrar)

(No. 44 Long care)

Ward

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

## (2) Full Name of Child

James William Scoggins

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

(3) BOY OR GIRL boy(4) Twin or Triplet X(5) Number in order of birth X(6) Are Parents Married? X(7) DATE June 19

BIRTH (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James William Scoggins(9) PRESENT POSTOFFICE OF FATHER Summit S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Summit S.C. Alabama(13) OCCUPATION Textile(14) OCCUPATION House wife Alabama(15) OCCUPATION Three (3)(16) Number of children born to mother, including present birth Three (3)(17) Number of children of this mother now living, including present birth Three (3)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child June 19 at 5:30 P.M. on the date above stated. Summit (Hour A. M. or P. M.)(21) (Signature) W. H. Collett(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Summit S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed June 19 1923(26) Local Registrar W. H. Collett

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.