

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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Georgetown  
 Township of Lex  
 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  
**72849**

Registration District No. 2105 Registered No. 51  
 (For use of Local Registrar)  
 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 William E. Scott ..... } If child is not yet named, make supplemental report as directed

|                             |  |                              |                                     |  |
|-----------------------------|--|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>boy</u> | (4) Twin or Triplet?<br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Aug. 27</u> 191 <u>6</u><br><small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|--|------------------------------|-------------------------------------|--|

**FATHER.**

(8) FULL NAME William Scott

(9) PRESENT POSTOFFICE OF FATHER Smiths Mills S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Georgetown Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 9

**MOTHER.**

(14) NAME BEFORE MARRIAGE Etta William

(15) PRESENT POSTOFFICE OF MOTHER Smiths Mills S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Georgetown Co. S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Green

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smiths Mills S.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed Sept 4 1916 (28) J. L. McCracken 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.