

Form No. 10. 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA.		87797	
Township of <u>Lane</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4305</u>		Registered No. <u>105</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child. <u>Walter Francis Scott</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov</u> , <u>1</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter Scott</u>			(14) NAME BEFORE MARRIAGE <u>Arrie Buddie</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Saltus S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Saltus S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>11.30</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Isaac N. Boyd</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Saltus S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>Nov. 10th</u> 191 <u>6</u> . (28) <u>Albert R. Mosley</u> Local Registrar		
..... 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.