

Form No. 1

## (1) PLACE OF BIRTH

County of Hambleton  
 Township of Washington  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 4700

No. for State Registrar Only

37933

Registered No. ....  
(For use of Local Registrar)

City of ..... (No. .... 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 Earl Scott If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Spanish Marriage Yes (7) DATE OF BIRTH Nov 3 23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Earl Scott  
 (9) PRESENT POSTOFFICE OF FATHER New SC.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE SC.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Emmie Trudol  
 (15) PRESENT POSTOFFICE OF MOTHER New SC.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE SC.  
 (19) OCCUPATION .....  
 (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive as stillborn (Date Nov 3 23 or P. M.)  
 on the date above stated.

(22) (Signature) William Trudol  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife New SC.

Given name added from a supplemental report

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

(26) Filed 19 (27) Local Registrar W. H. Lamb

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.