

(1) PLACE OF BIRTH

County of *Alendale*Township of *Alendale*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. *31448*Registration District No. Registered No. *124* (For use of Local Registrar)

(No. St.) Ward)

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

(2) Full Name of Child *James Scott - Gadsden*

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

(a) SEX OF CHILD <i>Boy</i>	(b) Twin or Triplet <i>No</i>	(c) Number in order of birth <i>1</i>	(d) Is Child Married <i>No</i>	(e) DATE OF BIRTH <i>Nov 20 1923</i> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(a) FULL NAME <i>James Scott</i>	(1a) NAME BEFORE MARRIAGE <i>Nattie Gadsden</i>	(b) PRESENT RESIDENCE OF FATHER <i>Alene - S.C.</i>	(1b) PRESENT RESIDENCE OF MOTHER <i>Alene</i>
(c) COLOR OR RACE <i>Colored</i>	(1c) COLOR OR RACE <i>Colored</i>	(d) AGE AT LAST BIRTHDAY <i>31</i> (Years)	(1d) AGE AT LAST BIRTHDAY <i>20</i> (Years)
(e) BIRTHPLACE <i>S.C.</i>	(1e) BIRTHPLACE <i>S.C.</i>	(f) OCCUPATION <i>Farm Hand</i>	(1f) OCCUPATION <i>Farm Hand</i>
(g) Number of children born to mother, including present birth <i>Four</i>	(1g) Number of children of this mother now living, including present birth <i>Three</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child who was *Alene* on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.) *4 A. M.*(29) (Signature) *Laura Tucker*

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife *Alene - S.C.*

Given name added from a supplemental report

(32) Witness *F. H. Boyd* (Signature of witness necessary only when question 23 is signed by mark)(33) Filed *Nov 25 1923* (34) *K. H. Boyd* 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.