

Form No. 1.

(1) PLACE OF BIRTH

County of DillonTownship of HillsboroInc. Town of Pay Co. Mills & Co.City of HAYES

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51949

Registration District No. 1413Registered No. 22
(For use of Local Registrar)(2) Full Name of Child Thelma Margaret Scott

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

(3) SEX OR Female(4) Twin or Triplet? No(5) Number in order of birth 12(6) AGE 22(7) DATE OF BIRTH Mar 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clide Scott(9) PRESENT POSTOFFICE OF FATHER Pay Co. Mills & Co.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Dillon County SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Portia Leon Hayes(15) PRESENT POSTOFFICE OF MOTHER Pay Co. Mills & Co.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Dillon County SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:10 P.M. on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Livingston(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pay Co. Mills & Co.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by name)

(27) Filed Mar. 20, 1916 (28) J. J. Livingston 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.

MAYOR 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.