

County of Berkley
Township of Centerville
or
Inc. Town of.....
or
City of

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

3288

Registration District No. 708 Registered No. 25-
(For use of Local Registrar)
(No. GREEN St. Ward)

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

(4) Twins or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11th 22
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

MOTHER.

2. FULL NAME *Harry Scott*

3. PRESENT POSTOFFICE OF FATHER *Eastonville Ill*

4. COLOR OR HAIR *gray* (11) AGE AT LAST BIRTHDAY *21* (Years)

5. BIRTHPLACE *Berkley Co*

6. OCCUPATION *Farming*

7. Number of children born to mother, including deceased *one*

(14) NAME BEFORE MARRIAGE Victoria Green

(15) PRESENT POSTOFFICE OF MOTHER Enlowville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Cham Laborer

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

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Haddock
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawrenceville, Ga.

Given name added from a supplemental report

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

(27) Filed Jul 20th 1922 (28) D. W. [Signature]
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.