

(1) PLACE OF BIRTH

County of RichlandTownship of LawsonInc. Town of LawsonCity of OT

(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

Registration District No. 15.02 Registered No. 297

(For use of Local Registrar)

(2) Full Name of Child John Scott

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

(3) SEX OF CHILD boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 17 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Blakely Scott(9) PRESENT POSTOFFICE OF FATHER Crookston S.C.(10) COLOR OR RACE Colord

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Addams(15) PRESENT POSTOFFICE OF MOTHER Crookston S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Crookston S.C.(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth

3 Three

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

3 Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Carroll Rawlinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1920 23(28) SA Johnson 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.