

Form No. 10.

MARGIN 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.

State of Columbia

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**50735**

1. PLACE OF BIRTH  
County of *Williamsburg*  
Township of *Furkey*  
Inc. Town of .....  
City of .....  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *4311* Registered No. *17*  
(For use of Local Registrar)  
St.: ..... Ward: .....

2. Full Name of Child *Harrie S. Scott* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 27</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Dave Scott</i>			(14) NAME BEFORE MARRIAGE <i>Olivera McClary</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Kingstree</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Kingstree</i>	
(10) COLOR OR RACE <i>negro</i>			(16) COLOR OR RACE <i>negro</i>	
(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>26</i> (Years)	
(12) BIRTHPLACE <i>Williamsburg</i>			(18) BIRTHPLACE <i>Williamsburg</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>four</i>			(21) Number of children of this mother now living, including present birth <i>Three</i>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *1:30 P.M.* (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Robert W. C. H. (midwife)*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *W. M. Oranford*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb. 28, 1916* (28) *U. B. Snowdon* 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.

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