

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		83890	
Township of <u>Turkey</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4-11</u>		Registered No. <u>82</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
(2) Full Name of Child <u>Sola Scott</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 11 1916</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Sam Scott</u>			(14) NAME BEFORE MARRIAGE <u>Kate M. Clary</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bloomington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bloomington</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 A. M.</u> on the date above stated. (Enter <u>live</u> or <u>stillborn</u> ) (Hour A. M. or P. M.)					
(23) (Signature) <u>Adelaide Boyd</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness <u>Ransom Scott</u>					
(Signature of Witness necessary only when question 26 is signed by mark)					
(27) Filed <u>Oct 11 1916</u> (28) <u>Local Registrar</u>					

\*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.

When there was no attending physician or midwife, when one is reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.