

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of

or

City of Blackstock, S. C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 190

FILE No.—For State Registrar Only

00090

Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD Jamies Young Scott

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

3. Boy or Girl Boy If Plural births 4. Twins, triplets or other 5. Number, in order of birth 1st 6. Premature Full term 7. Are Parents Married? Yes 8. Date of birth June 2, 1916 (Month, day, year)

9. Full name Lucius Scott FATHER

18. Name before marriage Munch Coleman MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Deceased

19. Residence (mailing address) (If non-resident, give place and State) Fairfield Co., S. C.

11. Color or race Col. 12. Age at child's birth 24 (years)

20. Color or race Col. 21. Age at child's birth 20 (years)

13. Birthplace (city or place) S. C. (State or country)

22. Birthplace (city or place) Fairfield Co., S. C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 2, 1916

25. Date (month and year) last engaged in this work 7, 1916

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

28. If stillborn, period of gestation — months — weeks 29. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report (Date of)

(Signed) Parent or Mary Lawhorn Guardian Address Columbia S. C. 124174 Filed March 25, 1916 L. A. Riser, M. D. Registrar.

Registrar.

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