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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. RFD (No. St.; Ward)

(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 James Young Scott{ If child is not yet named, make
supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>June 2</u> , 19 <u>16</u> (Month, day, year)
5. Number, in order of birth <u>1st</u>		Full term <u>✓</u>			
9. Full name <u>Lucius Scott</u>			18. Name before marriage <u>Trunch Coleman</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Deceased</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Fairfield Co. S. C.</u>		
11. Color or race <u>wh.</u>	12. Age at child's birth <u>24</u> (years)		20. Color or race <u>wh.</u>	21. Age at child's birth <u>20</u> (years)	
13. Birthplace (city or place) <u>S. C.</u> (State or country)			22. Birthplace (city or place) <u>Fairfield Co., S. C.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>-</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>-</u>		
16. Date (month and year) last engaged in this work <u>2</u> , 19 <u>-</u>		17. Total time (years) spent in this work <u>7</u>	25. Date (month and year) last engaged in this work <u>7</u> , 19 <u>-</u>		26. Total time (years) spent in this work <u>7</u>
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>-</u>)					
28. If stillborn, period of gestation.....			months	29. Cause of stillbirth.....	
			weeks		
					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. RFD 174
Filed March 25, 1914, L. A. Riser, M. D.
Registrar.

Registrar.

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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.)