

4/7/22 11/21/22 12/15/22

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of James Island  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only 3476

Registration District No. 904 Registered No. 15  
 (For use of Local Registrar)

(2) Full Name of Child Rosalee Scott (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL G (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 11, 1922  
 To be answered only in event of Twins or Triplets (Specify of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Benjamin Scott</u>	(14) NAME BEFORE MARRIAGE <u>Fanny Scott</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rt. Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rt. Charleston</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY _____ (Year)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY _____ (Year)
(12) BIRTHPLACE <u>James Island S.C.</u>	(18) BIRTHPLACE <u>James Island S.C.</u>	(13) OCCUPATION <u>Tenant farmer</u>	(19) OCCUPATION <u>Farm - hand</u>
(20) Number of children born to mother, including present birth _____	(21) Number of children of this mother now living, including present birth _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wiley Jenkins (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Midwife, Rt. Charleston S.C.

Given name added from a supplemental report \_\_\_\_\_ (26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 20, 1922 Geo. R. Dea Brook 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.