

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

622

Registration District No. 9.D.5 Registered No. 7
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 26, 1922
 To be answered only in case of Twins or Triplets (Type of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Scott
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Davis
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Chislaw
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signatures of witnesses necessary only when question 23 is signed by mark)

(27) Filed Jan 30, 1922 (28) Mrs. E. H. Hill 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.

STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 1922

Form No. 1—In case of stillbirth, this form is to be filled out and filed with the birth record. No. 2, etc., in question 5.

LEGION OF COLUMBIANS, COLUMBIA, S. C.