

(1) PLACE OF BIRTH

County of *Darkeburg*

Township of *Holly Hill*

or

Inc. Town of *Holly Hill*

or

City of *Holly Hill*

CERTIFICATE OF BIRTH

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

Registration District No. *3609*

File No.—For State Registrar Only

16224

Registered No. *67*

(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 *Irene Scott*

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

(3) SEX OR GIRL? *Girl*

(4) Twin or Triplet? *No*

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

May 2 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Duby Scott*

(9) PRESENT POSTOFFICE OF FATHER *Holly Hill S.C.*

(10) COLOR OR RACE *Caucasian*

(11) AGE AT LAST BIRTHDAY *40*

(Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farm Hand*

(20) Number of children born to mother, including present birth *8*

MOTHER

(14) NAME BEFORE MARRIAGE *Alice Russell*

(15) PRESENT POSTOFFICE OF MOTHER *Holly Hill S.C.*

(16) COLOR OR RACE *Caucasian*

(17) AGE AT LAST BIRTHDAY *38*

(Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Farm Hand*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Antie Cummings*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Holly Hill S.C.*

Given name added from a supplemental report

(26) Witness *M. W. Wessinger*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *May 9, 1922*

(28) *H. M. Wessinger*

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.