

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Trotter

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19507

City of ..... Registration District No. 4311 Registered No. 28  
(For use of Local Registrar)  
or ..... St.: ..... Ward  
City of ..... (No. .... St.: ..... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 18, 23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Willie Scott  
(9) PRESENT POSTOFFICE OF FATHER Kingstree SC  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Williamsburg Co  
(13) OCCUPATION Tanner  
(14) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Lillie McLeary  
(15) PRESENT POSTOFFICE OF MOTHER Kingstree SC  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Williamsburg Co  
(19) OCCUPATION House wife  
(20) 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 Alive at 8 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane P. Mitchell (24) Address of Physician or Midwife mid wife Kingstree SC

Given name added from a supplemental report  
..... 191  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 23, 1950 (28) S. A. Tidale 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.

..... Local Registrar.  
Registrar .....  
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W O D A K S A F E T Y