

PLACE OF BIRTH

Anderson, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

24609-a

City of _____

County of _____

Town of _____

Anderson, S.C.

Registration District No. 3a

Registered No. 182
(For use of Local Registrar)

No. _____ St. _____ Ward _____

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

Full Name of Child Warren Hastings Scotts

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

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

August 22 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

Full Name of Father Andrew Geo Scott

Present Residence of Father Anderson, S.C.

11. AGE AT LAST BIRTHDAY 29 (Years)

12. COLOR OR RACE White

13. BIRTHPLACE Birmingham, England

14. OCCUPATION Farmer

Number of children born to _____

Number of children living at present birth 2

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE 27 (Years)

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10:30 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)

on the date above stated.

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

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

27. Filed April 19 1922

28. C. H. Vandewater

Local Registrar

19 _____
Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.