

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43023

Registration District No. 2209Registered No. 507

(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 Mabel Scofield

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

Name of Month (Day) (Year) July 25 1905

FATHER.

(8) FULL NAME

James Scofield

(14) NAME BEFORE MARRIAGE

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

Carrie Bradley
Greenville S.C.

(9) PRESENT POSTOFFICE OF FATHER

RFD #1

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

Newberry S.C.

(18) BIRTHPLACE

Greenville Co S.C.

(13) OCCUPATION

Iron Laborer

(19) OCCUPATION

Housewife

(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 alive as 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna K. Sperry
(24) State whether Physician or Midwife Midwife Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) SIGNATURE

A. H. Mackey
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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McCaW, of Columbia