

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. 2209

Registered No. 507

(For use of Local Registrar)

(No. RFD #1 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 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

July 25 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Scofield

(9) PRESENT POSTOFFICE OF FATHER RFD #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Newberry S.C.

(13) OCCUPATION Iron Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bradley

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Greenville Co S.C.

(19) OCCUPATION Housewife

(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 at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barbara K. Johnson

(24) State whether Physician or Midwife Midwife Physician or Midwife

Given name added from a supplemental report

(26) Witness A. H. Mackey
(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, household, 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 UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.