

(1) PLACE OF BIRTH

County of Orangeburg
 Township of W. and
 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

36030

Registration District No. 3618 Registered No. 74
 (For use of Local Registrar)

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 Alma Elisabeth Scott (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 18 19...
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pitman Scott
 (9) PRESENT POSTOFFICE OF FATHER Pailer S C
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Scott
 (15) PRESENT POSTOFFICE OF MOTHER Pailer S C
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S C
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sally Dillard
 (24) State whether Physician or Midwife Mid wife (25) Address of Physician or Midwife Pailer S C

Given name added from a supplemental report

(26) Witness a. c. Hantle
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 22 1922 (28) W. A. Hantle 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.