

Form No. 1

7-1-1918 BY STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28390

(1) PLACE OF BIRTH

County of GeorgetownTownship of St. XInc. Town of Andrews SCCity of Andrews SCRegistration District No. 7103Registered No. 111
(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 Amos Scott

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 11 1925</u> (Name of Month) (Day) (Year)
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(8) FULL NAME OF FATHER <u>Herbert Scott</u>	(14) NAME BEFORE MARRIAGE <u>Alvin Evans</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>
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(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
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(12) BIRTHPLACE <u>Georgetown Co. S.C.</u>	(18) BIRTHPLACE <u>Georgetown Co. S.C.</u>
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(13) OCCUPATION <u>Lab. worker in a house</u>	(19) OCCUPATION <u>Farmer</u>
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(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Susan McDaniel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Andrews SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 20 1925 (28) Rev. J. B. Bailey Local Registrar

When there was no attending physician or midwife, it must not be reported as stillborn. No child breathes even once, it must not be reported as stillborn. No before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. IT IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.