

Use 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 4.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only  
**22973**

Registration District No. 1A Registered No. 75-  
(For use of Local Registrar)  
No. 32 Hill St. 7 Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Lee Scott

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 28, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther H. Scott  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE Abbeville Co. S.C.  
(13) OCCUPATION High Operative

MOTHER.

(14) NAME BEFORE MARRIAGE William W. Day  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co. S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Abbeville Co. S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:40 P.M. on the date above stated.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 5, 1923 (28) Miss Julia McAllister 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.

Registrar [Signature] Local Registrar [Signature]

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