

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		76135	
Township of <u>St. Andrews</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>908</u>		Registered No. <u>14</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Henry Scott</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 17, 1916</u>	
To be answered only in event of Twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Scott</u>			(14) NAME BEFORE MARRIAGE <u>Jane</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Johns Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johns Island</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>		
(12) BIRTHPLACE <u>St Andrews</u>		(18) BIRTHPLACE <u>St Andrews</u>			
(13) OCCUPATION <u>Labourer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. B. Lenehan</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Johns Island</u>					
Given name added from a supplemental report			(26) Witness <u>A. B. Brown</u>		
....., 191....			(Signature of Witness necessary only when question 23 is signed by male)		
....., 191....			(27) Filed <u>Oct. 1, 1916</u>		
Registrar			(28) <u>L. B. Lenehan</u> 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.