

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

County of Charleston
 Township of St. Andrews
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
76135

Registration District No. 908 Registered No. 14
 (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 Henry Scott } 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> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME David Scott

(9) PRESENT POSTOFFICE OF FATHER Johns Island

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE St Andrews

(13) OCCUPATION Labourer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jane

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE St Andrews

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. B. Lenehan
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness L. B. Lenehan
 (Signature of Witness necessary only when question 23 is signed by male)
 (27) Filed Oct. 6, 1916 (28) L. B. Lenehan
 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.