

## (1) PLACE OF BIRTH

County of Abbeville S.C.  
 Township of Decatur Hill  
 or  
 Inc. Town of .....  
 or  
 City of Abbeville S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24391

Registration District No. 104 Registered No. 54  
 (For use of Local Registrar)

City of Abbeville S.C. (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 John Finley Scoggons 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. 24, 1922  
 (Same Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Scoggons

(9) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (Years)

(12) BIRTHPLACE Lowndesville

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Flora Williams

(15) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION house keeping

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 24, 1922 (28) J. M. Pethun 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.

MARGIN RESERVED FOR BINDING.  
 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.