Form No 1.

(1) PLACE OF BIRTH

County of Clarendon

Township of Concord

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42280

Registration District No. 1302 Registered No. 53
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child. Eneva Scott

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 16, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Scott

(9) PRESENT POSTOFFICE OF FATHER Davis Station S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Clarendon Co S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie James

(15) PRESENT POSTOFFICE OF MOTHER Davis Station S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Clarendon Co S.C.

(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 (Born alive or stillborn) at H. P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Augustina X. Brunson
her mark

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Davis Station S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec. 24, 1915 (28) N. E. Broadway M.D.
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.

McCraw, of Columbia.