FORM NO. 5. 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.

(1) PLACE OF BIRTH

County of [illegible]

Township of Abbeville

or

Inc. Town of ..... Registration District No. 1-A Registered No. 50 (For use of Local Reistrar)

or

City of Abbeville (No. [illegible] St.; 3rd Ward)

(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
17845

(2) Full Name of Child William Henry Scott — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	X	X	Yes	June 6 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	George Emmett Scott	(14) NAME BEFORE MARRIAGE	Pearl Mahaffy
(9) PRESENT POSTOFFICE OF FATHER	Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Abbeville	(18) BIRTHPLACE	Fairmount Co. O.C.
(13) OCCUPATION	[illegible]	(19) OCCUPATION	Housework
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at 4:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Abbeville 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 June 8th 1915 (28) T. G. Perrin 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.

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