

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA		4433	
Township of <u>Gresham</u>		Bureau of Vital Statistics			
City of <u>Lee</u>		State Board of Health			
Inc. Town of <u>Lee</u>		Registration District No. <u>3002</u>		Registered No. <u>19</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>Donny Scarborough</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 25, 1923</u>	
		To be answered only in event of Twin or Triplet		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Hyman Scarborough</u>			(14) NAME BEFORE MARRIAGE <u>May Belle Goodman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Elliot St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gresham St.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u>			(17) AGE AT LAST BIRTHDAY <u>18</u>		
(12) BIRTHPLACE <u>Lee Co. S. C.</u>			(18) BIRTHPLACE <u>Lee Co. S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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> at <u>4 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Elliot St.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>3/8</u> 19 <u>23</u> (28) <u>G. T. ...</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.					