

(1) PLACE OF BIRTH

County of AlcornTownship of "Inc. Town of "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 HealthRegistration District No. 460

File No.—for State Registrar Only

19705

Registered No. 73
(For use of Local Registrar)(2) Full Name of Child Easter 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

(6) Are Parents Married?

(7) DATE OF BIRTH July 11, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Rufus Scott9) PRESENT POSTOFFICE OF FATHER Alcorn, SC10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 31
(Years)12) BIRTHPLACE SC13) OCCUPATION Farming20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Patterson(15) PRESENT POSTOFFICE OF MOTHER Alcorn, SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Rachel McCreary(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wm. H. Boyd

Given name added from a supplemental report

(26) Witness F. H. Boyd

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed July 17, 1923 (28) F. H. Boyd MD 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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