

(1) PLACE OF BIRTH

County of Greenville
 Township of St. Andrews
 or
 Inc. Town of St. Andrews
 or
 City of

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

No. for this Register 24400

Registration District No. 2.100 Registered No. 107
 (For use of Local Registrar)

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

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

(1) SEX OF CHILD <u>Male</u>	(2) Type or Status <u>Is recorded only in case of Twin or Triple</u>	(3) Number in order of birth <u>1</u>	(4) Age at Birth <u>40</u>	(5) DATE OF BIRTH <u>Aug. 25 1923</u> (Month) (Day) (Year)
(6) FATHER FULL NAME <u>Henry Scott</u> PRESENT RESIDENCE <u>Andrews St</u> COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>32</u> (Year) BIRTHPLACE <u>Williamsburg County SC</u> OCCUPATION <u>Fireman Stationary Engine</u>			(7) MOTHER FULL NAME <u>Ella Johnson</u> PRESENT RESIDENCE <u>Andrews St</u> COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>20</u> (Year) BIRTHPLACE <u>Longland SC</u> OCCUPATION <u>Cook</u>	
(8) Number of children born to mother, including present birth <u>1</u>			(9) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(13) (Signature) Henry Scott Father
 (14) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(15) Witness (Signature of Witness necessary only when question 13 is signed by mark)

(16) Filed Sept. 23 1923 (17) Local Registrar W. B. Bailey

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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