

IN CASE OF TWIN OR TRIPLE BIRTH, REGISTER EACH CHILD SEPARATELY, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN QUESTION 5.

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 or
 Inc. Town of Eastover
 or
 City of _____

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

File No.—For State Registrar Only
8998

Registration District No. Registered No. 79
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie Scott
 (9) PRESENT POSTOFFICE OF FATHER Eastover SC
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 47 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Scott
 (15) PRESENT POSTOFFICE OF MOTHER Eastover SC
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Richland CO.
 (19) OCCUPATION Washing
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Lillian Sklar
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Eastover SC

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by male)
 (27) Filed 3/6 1922 (28) Arthur Local Registrar
 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.