

(1) PLACE OF BIRTH

County of CherokeeTownship of Windsor

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 Health

File No.—For State Registrar Only

16438

Registration District No. 245Registered No. 31
(For use of Local Registrar)(2) Full Name of Child Arthur Scott Jr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet
To be answered only in event of Twin or Triplet(5) Number in order of birth 1(6) Are Parents Married yes(7) DATE OF BIRTH Mar 22 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Scott(9) PRESENT POSTOFFICE OF FATHER Mount Laurel(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Norah Scott(15) PRESENT POSTOFFICE OF MOTHER Mount Laurel(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 alive at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Ann Ramsey Windsor(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6 27 22 (28) A. L. Woods
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.

ISSUED TWO MONTHS OF PREGNANCY.