

(1) PLACE OF BIRTH

County of Pickens
 Township of Central
 or
 Inc. Town of Central
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18792

Registration District No. 3201 Registered No. 143
 (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 William Horace Scott If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH June 15 23
 (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME Curry Paul Scott
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE Columbia S.C.
 (13) OCCUPATION Cotton Mill Hand

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Salina Beck
 (15) PRESENT POSTOFFICE OF MOTHER Central S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE Swain Co. N.C.
 (19) OCCUPATION Domestic

(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 alive at 3:15 A.M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) Edward W. Griffin(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

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

(27) June 15 1923 (28) J. D. Bearden 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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