

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## (2) Full Name of Child

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

11 July 1923

(8) FULL NAME

McKinley Scott

(9) PRESENT POSTOFFICE OF FATHER

Eastover

(10) COLOR OR RACE

Colored

(11) BIRTHPLACE

Eastover, Madison

(12) OCCUPATION

Farming

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 11 July 1923 at Eastover, S.C., on the date above stated.

(23) (Signature)

(24) State whether Physician or 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 11 July 1923

(28) 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.