

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

or Inc. Town of

or City of Eastover S.C. (No. St.; Ward)

(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

Registration District No. 2803

File No. — For State Registrar Only

12704Registered No. 91
(For use of Local Registrar)(2) Full Name of Child Arthur Mackie

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 case of Twin or Triplet

(5) Number in order of birth

(6) Age exactly stated

(7) DATE OF

BIRTH March 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Mackie

(9) PRESENT POSTOFFICE OF FATHER

Eastover S.C.

(10) COLOR OR RACE

colored (11) AGE AT LAST BIRTHDAY 35
(Year)

(12) BIRTHPLACE

Louis Scott

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

authan Harris

(15) PRESENT POSTOFFICE OF MOTHER

Eastover S.C.

(16) COLOR OR RACE

colored (17) AGE AT LAST BIRTHDAY 25
(Year)

(18) BIRTHPLACE

Louis Scott

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) amy Roseborough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Eastover

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 3/24/22(28) S. J. Ferguson

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.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 1.
BUREAU OF COLUMBIA, COLUMBIA, S. C.