

WRITE PLAINLY, WITH UNFAMER, THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1

(1) PLACE OF BIRTH

County of Allendale

Township of 11

Inc. Town of 11

City of 11

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

Registration District No. 4600

No. for this Register
30808

Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Willie Mae Scantling
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother 23 (7) DATE OF BIRTH Oct 3 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Mayon Scantling
(9) PRESENT POSTOFFICE OF FATHER Seiglingville SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE SC
(13) OCCUPATION Farm Labor
(14) Number of children born to mother, including present birth 7

MOTHER
(14) NAME BEFORE MARRIAGE Willie Mae Johnson
(15) PRESENT POSTOFFICE OF MOTHER Seiglingville SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE SC
(19) OCCUPATION Farm Labor
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Dora X. Carr
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Appleton SC

Given name added from a supplemental report
(25) Witness L. H. Boyd
(26) (Signature of Witness necessary only when question 23 is signed by report)
(27) Local Registrar L. H. Boyd

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.