

(1) PLACE OF BIRTH

County of Attala
 Township of Attala
 or
 Inc. Town of
 or
 City of

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

No. 4600 - For this Register Only
31444

Registration District No. 4600

Registered No. 120
 (For use of Local Registrar)

(2) Full Name of Child

(a) SEX OR CHILD Yes (b) Twin or Triplet Yes (c) Number in order of birth 1 (d) Age at birth Yes (e) DATE OF BIRTH Nov. 12, 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (1) FULL NAME Benjamin Scantlin
 (2) PRESENT RESIDENCE OF FATHER Clare
 (10) COLOR OR RACE Crooked (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farm Hand
 (14) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN one

MOTHER.
 (14) NAME BEFORE MARRIAGE Florence Mite
 (15) PRESENT RESIDENCE OF MOTHER Clare - S. C.
 (16) COLOR OR RACE Crooked (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farm Hand
 (21) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BORN one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive on the date above stated. (23) Date of birth Nov. 12, 23 (Hour A. M. or P. M.)

(24) (Signature) Paula Dunbar

(25) State where physician or midwife Mississippi

(26) Address of Physician or Midwife Clare - S. C.

Given name added from a supplemental report

(27) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)

(28) Place Nov. 12, 23 (29) F. H. Boyd 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.