

(1) PLACE OF BIRTH

County of Anderson
 Township of Carroll
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only
19872

Registration District No. 315

Registered No. 35
 (For use of Local Registrar)

City of (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 Francis Sarah Scott If child is not yet named, make supplemental report as directed

(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 Apr 30, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Raymond Scott
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC #2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Year) (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Marie Marchant
 (15) PRESENT POSTOFFICE OF MOTHER Anderson SC #2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE SC
 (19) OCCUPATION Farmer & Teacher

(20) Number of children born to mother, including present birth 6 - (21) Number of children of this mother now living, including present birth 5 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Burns (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson SC #1

Given name added from a supplemental report

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

(27) Filed Aug 23, 23 (28) H. L. Burns 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.