

(1) PLACE OF BIRTH

County of AikenTownship of High

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 217

No. - For this birth

9084

Registered No. 30

(For use of Local Registrar)

(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 Scott

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Y</u>	(4) Type of Infant To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Age of Mother <u>27</u>	(7) DATE OF BIRTH <u>April 13 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME <u>S. S. Sarr</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>10</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Kandus 2</u>	(12) BIRTHPLACE <u>Kandus 2</u>	(13) OCCUPATION <u>mail agent</u>
(20) Number of children born to mother, including present birth <u>2</u>		

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lillian Brown</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Kandus 2</u>	(18) BIRTHPLACE <u>Kandus 2</u>	(19) OCCUPATION <u>domestic</u>
(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour ' M. or P. M.) on the date above stated.(23) (Signature) S. S. Sarr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kandus 2

Given name added from a supplemental report

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

(27) Dated April 22 1923 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.

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