

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5

MCANAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of York  
Township of York  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar only

20596

Registration District No. 4408 Registered No. 83  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Keykendall Scott If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 13, 1922  
(Name of Month) (Day) (Year)

| FATHER.   |  | MOTHER.   |   |
|---|--|---|---|
| (8) FULL NAME <u>John Keykendall Scott</u>                              | (14) NAME BEFORE MARRIAGE <u>Mary Simrall</u>                                      | (9) PRESENT POSTOFFICE OF FATHER <u>York S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u> |
| (10) COLOR OR RACE <u>white</u>   | (11) AGE AT LAST BIRTHDAY <u>31</u> (Years)  | (16) COLOR OR RACE <u>white</u>                   | (17) AGE AT LAST BIRTHDAY <u>29</u> (Years)         |
| (12) BIRTHPLACE <u>York Co. S.C.</u>                                    | (18) BIRTHPLACE <u>York Co. S.C.</u>   | (13) OCCUPATION <u>Farmer</u>                     | (19) OCCUPATION <u>Housewife</u>                    |
| 20) Number of children born to mother, including present birth <u>3</u> | 21) Number of children of this mother now living, including present birth <u>3</u> |   |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip W. Hunter  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report .....  
....., 19 ....., Registrar  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 14, 1922 (28) John A. Boone 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.

N.

MCANAW

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