

(1) PLACE OF BIRTH

County of **Richland Co.**

Township of **Lowry**

or  
Inc. Town of.....

or  
City of.....

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

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

File No.—For State Registrar Only  
**23727**

Registration District No. .... Registered No. .... **163**  
(For use of Local Registrar)

(2) Full Name of Child **Bellton Scott**

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

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **To be answered only in event of Twins or Triplets** (5) Number in order of birth **1** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **June 1, 1922**  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME **Luke Scott**  
(9) PRESENT POSTOFFICE OF FATHER **Eastover S.C.**  
(10) COLOR OR RACE **C** (11) AGE AT LAST BIRTHDAY **26** (Years)  
(12) BIRTHPLACE **Richland Co.**  
(13) OCCUPATION **on farm**  
(20) Number of children born to mother, including present birth **3**

**MOTHER**  
(14) NAME BEFORE MARRIAGE **Anna Ruth**  
(15) PRESENT POSTOFFICE OF MOTHER **Eastover**  
(16) COLOR OR RACE **C** (17) AGE AT LAST BIRTHDAY **21** (Years)  
(18) BIRTHPLACE **Richland**  
(19) OCCUPATION **Wife**  
(21) Number of children of this mother now living, including present birth **3**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was **Born alive** at **8:30 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Lillian Kessner**  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Eastover S.C.**

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed **6/19/22** (28) **L. H. Ferguson** 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.

THIS IS A PREPARED 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 5.