

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 8.

RECEIVED COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Eastover
or
Inc. Town of S. C.
or
City of Eastover, S. C.
(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

23729

Registration District No. 3808

Registered No. 170
(For use of Local Registrar)

(2) Full Name of Child Belton 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 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Belton Scott
(9) PRESENT POSTOFFICE OF FATHER Eastover, S. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Richland Co
(13) OCCUPATION Day Labor
(20) Number of children born to mother, including present birth None

MOTHER.

(14) NAME BEFORE MARRIAGE Leveria Riley
(15) PRESENT POSTOFFICE OF MOTHER Eastover, S. C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Richland Co.
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report
M. B. W.
3/9/23, 19 23 Registrar

(26) Witness Marcus Henry
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/1, 19 23 (28) W. L. Taylor 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.