

(1) PLACE OF BIRTH

County of Lee
 Township of Lynchburg
 OF
 Inc. Town of
 OF
 City of

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

File No. — For State Registrar Only
21721

Registration District No. 3002 Registered No. 91
 (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

Scarborough

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 20, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Scarborough</u>			(14) NAME BEFORE MARRIAGE <u>Edda Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ellott St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ellott St.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Lynchburg S.C.</u>			(18) BIRTHPLACE <u>Bishopville S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Anderson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Midwife
Lynchburg S.C.

Given name added from a supplemental report

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

(27) Filed 5/7 1923 (28) J. F. McIntosh
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.