(1) PLACE OF BIRTH

County of Chesterfield

Township of Pleasant

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
17255

Registration District No. 1208 Registered No. .....
(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 Lawrence 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 4
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 5, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Scott

(9) PRESENT POSTOFFICE OF FATHER Cheraw R. 2

(10) COLOR OR RACE N

(11) AGE AT LAST BIRTHDAY about 27 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maddell Witherspoon

(15) PRESENT POSTOFFICE OF MOTHER Cheraw, R. 2

(16) COLOR OR RACE N

(17) AGE AT LAST BIRTHDAY about 22 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Farm & house work.

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Godfrey

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Society Hill R 3

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 ..... 19 .... (28) D. L. Madden
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.