

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
In 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

12747

Registration District No. 3 BRegistered No. 30

(For use of Local Registrar)

## (2) Full Name of Child

Walter H. Scott

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

May 1, 23

(8) FULL NAME

FATHER.

E. H. Scott

(9) PRESENT POST OFFICE OF FATHER

Piedmont R.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(12) BIRTHPLACE

A.C.

(13) OCCUPATION

Farming

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Green Roach

(15) PRESENT POST OFFICE OF MOTHER

Piedmont R.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

A.C.

(19) OCCUPATION

Domestic

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

May 3, 23

Local Registrar

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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.

a Supplementary report

Address

Filed

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Return