

(1) PLACE OF BIRTH

County of AllendaleTownship of Bull PondCity 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

37030

Registration District No. 44.3Registered No. 65
(For use of Local Registrar)City of (No. St. Ward)(2) Full Name of Child Eline Scott (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 2 1922
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Nelson Scott(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE Willin Truck S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Seven (7)

MOTHER

(14) NAME BEFORE MARRIAGE Arline McGehee(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Lanston Truck S.C.(19) OCCUPATION Farmer's Wife(20) Number of children of this mother now living, including present birth Seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blanton Wiken(24) State whether physician or midwife Physician (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)(27) Date Nov 11 1922 (28) J. C. Rouse Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. The report is desired of stillbirths within the fifth month of pregnancy.