

No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Buntanor
Inc. Town of Buntanor
City of Buntan(No. St. Ward)
(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 HealthFile No. - For State Registrar Only
16797Registration District No. 600 Registered No. 227
(For use of Local Registrar)(2) Full Name of Child Ailder Scott

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 4 (7) DATE OF BIRTH June 16 1923
(Type of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Scott(9) PRESENT POSTOFFICE OF FATHER Buntan S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Type)(12) BIRTHPLACE Buntan S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Welsh Richardson(15) PRESENT POSTOFFICE OF MOTHER Buntan S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
(Type)(18) BIRTHPLACE Buntan S.C.(19) OCCUPATION Farmer help(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Maria Black(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Buntan S.C.Given name added from a supplement-
tal report(25) Witness
(Signature of Witness necessary only
when question 25 is signed by mark)(26) Filed June 16 1923 (27) W. H. Bryant
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.