

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of

(2) Full Name of Child Robert Claude Scott Jr.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2747

2747

Registration District No. 3ARegistering No. 52

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 16 22</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(1) FULL NAME <u>Robert Claude Scott</u>	(14) NAME BEFORE MARRIAGE <u>Lucy Goney</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C. R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C. R.F.D.</u>
(3) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(3) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(4) BIRTHPLACE <u>Stevens Co. Ga.</u>	(18) BIRTHPLACE <u>Franklin Co. Ga.</u>	(5) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House wife</u>
(6) Number of children born to mother, including present birth <u>4th</u>	(20) Number of children of this mother now living, including present birth <u>4th</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Robert on Feb 16 22 at Anderson S.C. on the date above stated.

(21) (Signature) C. Lindner
 (22) Date of Birth Feb 16 22
 (23) Address of Physician or Midwife Anderson S.C.

On name added from a supplemental report

On there was no other child born to the mother on the date of birth of this child, the mother should make this return. If child born to the mother on the date of birth of this child, the mother should make this return.