

100 PLAIN

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

DEPARTMENT OF VITAL STATISTICS

State Board of Health

County of Anderson

Township of North

City of ...

Registration District No. 300

Registered No. ...

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

(2) Full Name of Child Will Scott

If child is not yet named, give name of father and mother.

(1) SEX Boy (2) TIME OF BIRTH ... (3) MONTH OF BIRTH ... (4) DAY OF BIRTH ... (5) YEAR OF BIRTH ...

(6) NAME OF FATHER Will Scott

(7) NAME OF MOTHER Annie Brannon

(8) RESIDENT OF FATHER Belton SC

(9) RESIDENT OF MOTHER Belton SC

(10) COLOR negro (11) AGE AT LAST BIRTH 2 1/2

(12) COLOR negro (13) AGE AT LAST BIRTH 2 1/2

(14) OCCUPATION Farmer

(15) OCCUPATION Farmer

(16) Number of children born to mother, including present child 2

(17) Number of children of this mother now living, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(19) Signature ... (20) State whether Physician or Midwife ... (21) Address of Physician or Midwife Belton SC

Given name added from a supplementary report

(22) Witness ... (23) Signature of Witness ... (24) Date Jan 13 1923 (25) Registrar ...

When there was no attending physician or midwife, then the father, householder, etc., should make a report to the registrar if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.