(1) PLACE OF BIRTH

County of Florence

Township of McWilliams

Town of Jeffreys

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31442

Registration District No. 2007 Registered No. 82

(For use of Local Registrar)

(No. ..... St.: ..... Ward)

Full Name of Child Mashore Scott

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

BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? Yes (7) DATE OF BIRTH 9 16 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) NAME John Scott

(9) PRESENT POSTOFFICE OF FATHER Florence Star Route

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Florence Co

(13) OCCUPATION Farmer

(14) Number of children of this mother including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Hattie Cunningham

(16) PRESENT POSTOFFICE OF MOTHER Florence Star Route

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 24 (Years)

(19) BIRTHPLACE Florence Co

(20) OCCUPATION Domestic

(21) Number of children of this mother including present birth 4

(22) NAME OF PHYSICIAN OR MIDWIFE* Alive 5 A M.

(23) Address of Physician or Midwife Charlotte Cannon

Midwife Jeffreys

W H Cannon

Local Registrar

Deputy

Under the law it is required to make this return. If this is a record of stillbirths before the

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] it must not be reported as stillborn. No report is desired of stillbirths before the [illegible] month of pregnancy.