

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Anderson

Township of

OF
 Inc. Town of

OF
 City 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

Registration District No. 3A

No. 5736—For State Register

Registered No. 72

(For use of local Registrar)

(No. Anderson Hospital Ward)

(2) Full Name of Child Walter Eugene Yates

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

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Sex Male (7) DATE OF BIRTH Jan 14 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earle R. Yates

(9) PRESENT POSTOFFICE OF FATHER Anderson, Mitchell St

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Ind. Co.

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Willingham

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Ind. Co.

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. J. E.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson, S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 18 (28) J. B. Clayton 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.

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Bureau of Columbia, Columbia, S. C.