

(1) PLACE OF BIRTH County of <u>Kershaw</u> Township of <u>DeScah</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>90460</b>	
Registration District No. <u>2701</u>		Registered No. <u>285</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Jesse Yates</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Luther Yates</u> (9) PRESENT POSTOFFICE OF FATHER <u>Cameron SC</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) (12) BIRTHPLACE <u>Lee Co</u> (13) OCCUPATION <u>Cotton Mill Operator</u> (20) Number of children born to mother, including present birth <u>2</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Maggie Miles</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Cameron</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) (18) BIRTHPLACE <u>Darlington Co</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Elnora Ross</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Cameron SC</u> (26) Witness <u>M. G. Miles</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec 9 1916</u> (28) <u>M. G. Miles</u> Local Registrar.					
Given name added from a supplemental report _____ _____ _____ 19____ 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.