

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. 75883 For State Registrar Only

## (1) PLACE OF BIRTH

County of Berkely....Township of St. Thomas....or  
Inc. Town of .....Registration District No. 707.... Registered No. 18....

(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Ellie May Bates { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 13, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Julie Bates

(9) PRESENT POSTOFFICE OF FATHER Hunger SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Berkely SC

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bates

(15) PRESENT POSTOFFICE OF MOTHER Hunger SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Berkely SC

(19) OCCUPATION House wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Reported by Father

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept. 16, 1916 (28) J. E. Cooke 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.

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 5.

McCaw, of Columbia.