

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Anderson .....

(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

File No.—For State Registrar Only

28700

Registration District No. 3ARegistered No. 343  
(For use of Local Registrar)(2) Full Name of Child Grace Evelyn Yates

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward A. Yates(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE And S.C.(13) OCCUPATION nick op(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Berilla Turner(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Clay Co Ala(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alleg 9.20 M., on the date above stated. (Born alive or stillborn) (Hour or P. M.)(23) (Signature) A. J. Melhess(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 .....

(28) F. B. CRAYTON,

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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