

Form No. 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town 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

File No.—For State Registrar Only

53863

Registration District No. 4009

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child John Mitchell Gates

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) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of Twins or Triplets			Mar 5 1906
FATHER.			MOTHER.	
(8) FULL NAME Jimmie Gates			(14) NAME BEFORE MARRIAGE Gladys Turner	
(9) PRESENT POSTOFFICE OF FATHER Switzer S.C.			(15) PRESENT POSTOFFICE OF MOTHER Switzer S.C.	
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 30	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 34	
(12) BIRTHPLACE Spartanburg		(18) BIRTHPLACE Spartanburg Co		
(13) OCCUPATION Farmer		(19) OCCUPATION House Keeper		
(20) Number of children born to mother, including present birth 1		(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 1200 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. D. Alexander

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

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

(27) Filed Apr 11 1906 (28) Local Registrar

Given name added from a supplemental report

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.

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 M. R.—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 8.  
 McCaw, of Columbia