

(1) PLACE OF BIRTH

County of Saluda

Township of

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.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 10.—For State Registrar Only
33779Registration District No. 3.903Registered No. 70
(For use of Local Registrar)(2) Full Name of Child Willie Bates

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

(1) SEX OR SEX <u>Boy</u>	(2) Type or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Sept 27, 1923</u>
(Month of Birth) (Day) (Year)				

FATHER

(6) FULL NAME Willie Bates

(7) PRESENT RESIDENCE OF FATHER Saluda S.C.

(8) COLOR OR RACE Negro

(9) AGE AT LAST BIRTHDAY 26

(10) BIRTHPLACE Saluda Co

(11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth 14

MOTHER

(13) NAME BEFORE MARRIAGE Roberta Glenn

(14) PRESENT RESIDENCE OF MOTHER Saluda S.C.

(15) COLOR OR RACE Negro

(16) AGE AT LAST BIRTHDAY 24

(17) BIRTHPLACE Saluda Co

(18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 3. P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Mary Williams
(22) State whether Physician or Midwife ☒ (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness Mrs. Marie Grant
(Signature of Witness necessary only when question 22 is signed by mark)(25) Filed Nov 9, 1923 (26) Mary Williams
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.