

Form No. 3

## PLACE OF BIRTH

City of

Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

31877

Only

Ship of

Town of

OF

Columbia

Registration District No.

1527 Hager

St.

Registered No.

(For use of Local Registrar)

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

## FULL NAME OF CHILD

James Bates

BOY OR  
GIRL4. Twin or  
Triplet?5. Number in order  
of birth6. Are  
Parents  
Married?

7. DATE OF BIRTH

Sept 20, 22

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

1. FULL  
NAME

Eddie Roscoe Bates

2. PRESENT  
POSTOFFICE  
OF FATHER

Columbia

3. COLOR  
OR  
RACE

negro

11. AGE AT LAST  
BIRTHDAY31  
(Years)

12. BIRTHPLACE

Newberry County

13. OCCUPATION

Auto Mechanic

10. Number of children born to  
mother, including present birth

three

## MOTHER

14. NAME BEFORE  
MARRIAGE

Elizabeth King

15. PRESENT  
POSTOFFICE  
OF MOTHER

Columbia

16. COLOR  
OR  
RACE

negro

17. AGE AT LAST  
BIRTHDAY27  
(Years)

18. BIRTHPLACE

Fairfield County

19. OCCUPATION

21. Number of children of this mother  
now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 5 A.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.

23. Signature

Aetha T. Dickerson

24. State whether Physician or Midwife

25. Address of Physician or Midwife

11018 Bull St., Columbia, 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

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Local Registrar

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.