

Form No. 1

(1) PLACE OF BIRTH

County of Sebring

Township of

or
Inc. Town ofor
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

41617

Registration District No. 3109 Registered No. 142
(For use of Local Registrar)(2) Full Name of Child Joseph 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) Sex of mother no(7) DATE OF BIRTH Sept 14, 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Gates(9) PRESENT POSTOFFICE OF FATHER Sebring SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 20

(Year)

(12) BIRTHPLACE Sebring(13) OCCUPATION farm laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Seville Wooters(16) PRESENT POSTOFFICE OF MOTHER Sebring(17) COLOR OR RACE negro(18) AGE AT LAST BIRTHDAY 20

(Year)

(19) BIRTHPLACE Sebring(20) OCCUPATION Domestic(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 born alive at Sebring SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Wooters(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Sebring SC

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Date Jan 10, 24

(29) 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.