(1) PLACE OF BIRTH

County of York

Township of Bullock Creek

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
12466

Registration District No. 4403. Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Sara Elizabeth Cates | 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
Girl	To be answered only in event of Twins or Triplets		yes	March 27, 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Edward Elias Cates	(14) NAME BEFORE MARRIAGE	Martha C. Smith
(9) PRESENT POSTOFFICE OF FATHER	Sharon S C R H	(15) PRESENT POSTOFFICE OF MOTHER	Sharon S C R H
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	42
(12) BIRTHPLACE	Ga	(18) BIRTHPLACE	York Co S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J H Saye M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sharon S C

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed April 13 1923. (28) W A Mitchell
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.

[illegible] FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.