

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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 1.

Form 5-6

(1) PLACE OF BIRTH

County of Spartanburg  
Township of French Spring  
or  
Inc. Town of Green SC  
or  
City of Green SC  
(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. 42785

Registration District No. 40009 Registered No. 1017  
(For use of Local Registrar)  
(No. 10th St No. 17 St.; ..... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Dorothy B. White

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 3 1/2 (7) DATE OF BIRTH Jan 15 1923  
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Leonard Bates  
(9) PRESENT RESIDENCE OF FATHER Green SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE SC  
(13) OCCUPATION mill work  
(14) Number of children born to mother including present birth Two

MOTHER.

(15) NAME BEFORE MARRIAGE Edua Wilson  
(16) PRESENT RESIDENCE OF MOTHER Green SC  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 28  
(19) BIRTHPLACE SC  
(20) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.) 1:30 P.M.)

(23) (Signature) W. J. Brockman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Green SC

(If name added from a supplemental report)

L. H. Miller  
Registrar

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

(27) Filed Jan 16 1923 Local Registrar

\*When 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.