

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 5.

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of Union
or
City of Union
(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
83709

Registration District No. 42-A Registered No. 134
St. 4 Ward 4
(No. 27 Martin)

(2) Full Name of Child Cecily Bates } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 9, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Russell Bates
(9) PRESENT POSTOFFICE OF FATHER Union, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Union S.C.
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Cecily Mc. Birt
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Union S.C.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Union, S.C. on the date above stated. (Hour 7:12 P. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Filed Oct. 15, 1916 (28) [Signature] 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.

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