

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76218

(1) PLACE OF BIRTH

County of CherokeeTownship of Morganor
Inc. Town ofor
City of

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

Registration District No. 1004Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child

Binnie Lee Skates

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 5

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept. 22 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Henry E. Skates

(9) PRESENT POSTOFFICE OF FATHER

Campers S.C. #2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

{ 5 }

MOTHER

(14) NAME BEFORE MARRIAGE

Julia A. Huskey

(15) PRESENT POSTOFFICE OF MOTHER

Campers S.C. #2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housework

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

{ 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

No physician or midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed Sept 23 1916

(28)

J. Gardner

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.

MARGIN RESERVED FOR BINDING.

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 5.

McCaw, of Columbia.