

## (1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
**310**

County of Barrow  
 Township of Williston  
 or  
 Inc. Town of.....  
 or  
 City of.....

Registration District No. 513 Registered No. 7  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age (Years) <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 23, 1922</u> (Month) (Day) (Year)
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**FATHER.**  
 (8) FULL NAME William Alonzo Bates  
 (9) PRESENT POSTOFFICE OF FATHER Elko, S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Williston Township  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth Three

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alma Keel  
 (15) PRESENT POSTOFFICE OF MOTHER Elko, S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Williston township  
 (19) OCCUPATION Wife  
 (20) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(21) I hereby certify that I attended the birth of this child, who was... born alive ... at 3:40 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) H. C. Smith  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Williston S. C.

Given name added from a supplemental report

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

(26) Filed July 10, 1922 (27) J. W. Johnson 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.