

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berniey</u>		STATE OF SOUTH CAROLINA		29073	
Township of <u>East St. John</u>		Bureau of Vital Statistics			
City of <u>Beaufort</u>		State Board of Health			
Inc. Town of <u>Beaufort</u>		Registration District No. <u>763</u>		Registered No. <u>59</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>James B. Bates</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19, 1924</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>St. James Bates</u>		(14) NAME BEFORE MARRIAGE <u>Patricia Bates</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>			
(10) COLOR OR RACE <u>Colored</u>		(16) COLOR OR RACE <u>Colored</u>			
(11) AGE AT LAST BIRTHDAY <u>25</u>		(17) AGE AT LAST BIRTHDAY <u>25</u>			
(12) BIRTHPLACE <u>Beaufort</u>		(18) BIRTHPLACE <u>Beaufort</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James B. Bates</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Beaufort SC</u>					
Given name added from a supplemental report		(26) Witness <u>James B. Bates</u>			
		(27) Filed <u>19</u>			
		(28) <u>Ben M. Barrow</u>			
		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.