

(1) PLACE OF BIRTH
County of ... Greenville
Township of ... Bates

or
Inc. Town of
or
City of
(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 Register Only

4000

Registration District No. 2201, Registered No. 9
(For use of Local Registrar)

2) Full Name of Child.....

(3) BOY OR
GIRL? Boy

(4) Twin
or Triplet?

(5) Number in
order of birth
To be answered only in event of Twins or Triplets

FATHER.

(6) FULL
NAME Arthur Marion William

(7) PRESENT
POSTOFFICE
OF FATHER Greenville's Rest R. 3

(8) COLOR
OR
RACE White

(9) AGE AT LAST
BIRTHDAY 37
(Years)

(10) BIRTHPLACE Greenville

(11) OCCUPATION Farmer

(12) Number of children born to
mother, including present birth } 7

(13) Are
Parents
Married? Yes

(14) DATE OF
BIRTH Feb. 16
(Name of Month) (Day), (Year)

MOTHER.

(15) NAME BEFORE
MARRIAGE Anna May Bates

(16) PRESENT
POSTOFFICE
OF MOTHER Greenville's Rest R. 3.

(17) COLOR
OR
RACE White

(18) BIRTHPLACE Greenville

(19) OCCUPATION Housewife

(20) Number of children of this mother
now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was alive at 11:40 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. Stone

(23) State whether Physician or Midwife | Physician

(24) Address of Physician or Midwife
Greenville Rest S.S.

Given name added from a supplement-
tal report

191.....

Registrar

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

(27) Filed Feb. 16. (28) Dr. Stone, 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.