

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FORM NO. 1  
MAY 1923  
THIS IS A PERMANENT RECORD  
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. - For this Infant	
County of <u>Lynchburg</u>		STATE OF SOUTH CAROLINA		31883	
Township of <u>2nd St. John</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>170.3</u>		Registered No. ....	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Esther Yates</u>				If child is not yet named, make supplemental report as directed	
(3) SEX <u>girl</u>	(4) Type or Triplet <u>To be inserted only in case of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Twin or Triplet <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 19, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Yates</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Yates</u>		
(9) PRESENT RESIDENCE OF FATHER <u>St. Andrews</u>			(15) PRESENT RESIDENCE OF MOTHER <u>—</u>		
(16) COLOR OR HAIR <u>brn</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>		
(18) BIRTHPLACE <u>A. G.</u>			(19) BIRTHPLACE <u>I. L.</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>2</u>			(23) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(24) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(25) (Signature) <u>W. H. H. H. H.</u>					
(26) State whether Physician or Midwife					
(27) Address of Physician or Midwife <u>—</u>					
Given name added from a supplement- al report			(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)		
.....			(29) Filed <u>Nov. 24, 1923</u> (30) <u>O. A. M. H. H. H.</u>		
..... 19 .. Registrar					

When there was no attending physician or midwife, then the father, householder, etc., must sign.  
If a child breathes even once, it must not be reported as stillborn. No report is required  
before the fifth month of pregnancy.