

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Office of Vital Statistics  
State Board of HealthDate for this Register Only  
11908County of SaludaTownship of Saluda

Inc. Town of .....

City of .....

Registration District No. 2901 Registered No. 33  
(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 Matthew Prince Bates (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Girl (4) Type or Order 1st (5) Number in order of birth 1st (6) DATE OF BIRTH Feb 18 1908  
(Name of Month) (Day) (Year)

## FATHER.

(10) FULL NAME Prince Pickett(11) PRESENT POSTOFFICE OF FATHER Batesburg S. C.(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 35(14) BIRTHPLACE Saluda Co.(15) OCCUPATION Farmer(16) Number of children born to mother, including present birth 6

## MOTHER.

(10) NAME BEFORE MARRIAGE Martha Hall(11) PRESENT POSTOFFICE OF MOTHER Batesburg S. C.(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 29(14) BIRTHPLACE Saluda Co.

(15) OCCUPATION

(16) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(19) (Signature) Dr. J. G. Gantt

(20) State whether Physician or Midwife

(21) Address of Physician or Midwife

Given name added from a supplemental report

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

(23) Date April 28 1908 (24) Mrs. J. C. Branch 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.