

FORM NO. 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McNaw, of Columbia.

(1) PLACE OF BIRTH
 County of Pickens
 Township of Pickens
 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 Registrar Only
47182

Registration District No. 37.64 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Ivory Yates } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 21 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Davis Yates
 (9) PRESENT POSTOFFICE OF FATHER Pickens S.C.
 (10) COLOR white (11) AGE AT LAST BIRTHDAY 29 (Years)
 RACE
 (12) BIRTHPLACE Oconee Co. S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Yates
 (15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.
 (16) COLOR white (17) AGE AT LAST BIRTHDAY 28 (Years)
 RACE
 (18) BIRTHPLACE Pickens Co. S.C.
 (19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. S. Garrison M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Pickens S.C. R. 3

Given name added from a supplemental report

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

(27) Filed Jan 21 1916 (28) B. S. J. ... Local Registrar

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.

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