

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4730

Registration District No.....

Registered No. 47  
(For use of Local Registrar)

St.; ..... Ward)  
 (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

If child is not yet named, make  
 supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Dec 26 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Ed Bates  
 9) PRESENT POSTOFFICE OF FATHER York  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 38  
 (Year) 12) BIRTHPLACE SC  
 13) OCCUPATION stone mill hand  
 20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Mollie Parish  
 15) PRESENT POSTOFFICE OF MOTHER York  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 39  
 (Year) 18) BIRTHPLACE SC  
 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 ..... nt. 1 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) W. B. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed Feb 1923

(28)

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.

MADE BY COLONIAL COLUMBIA, S. C.  
 N. B.—In case of TWIN OR TRIPLET use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.