

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

File No.—For State Registrar Only
87217

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town of*Gadsden*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *3803*Registered No. *359*

(For use of Local Registrar)

(2) Full Name of Child

Jar Bates

St.; Ward)

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

(3) BOY OR

~~GIRL~~(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH *Oct 26 1910*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*Charlie Bates*(9) PRESENT
POSTOFFICE
OF FATHER*Gadsden S.C.*(10) COLOR
OR
RACE*Negro*(11) AGE AT LAST
BIRTHDAY*26*

(12) BIRTHPLACE

Gadsden S.C.

(13) OCCUPATION

Jarvis(20) Number of children born to
mother, including present birth*2*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Martha Smith*(15) PRESENT
POSTOFFICE
OF MOTHER*Gadsden S.C.*(16) COLOR
OR
RACE*Negro*(17) AGE AT LAST
BIRTHDAY*26*

(18) BIRTHPLACE

Gadsden S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated...... at *4:00* M.,
(Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

MIDWIFE

(25) Address of Physician or Midwife

*GADSDEN*Given name added from a supplement
report

(26) Witness

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

(27) Filed

*12/10*19*10*

(28)

F. W. Smith

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.