

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62891

Registration District No. 215 Registered No. 44
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Bennett Bates } 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 June 25, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben N Bates
 (9) PRESENT POSTOFFICE OF FATHER White Pond
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth } One

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Casmetty
 (15) PRESENT POSTOFFICE OF MOTHER White Pond
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Years)
 (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth } One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Adeline Rutland
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

..... 101.....

..... Registrar

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

(27) Filed July 3, 1916 (28) R. L. Weeks 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING 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.
 McCaw, of Columbia.