

(1) PLACE OF BIRTH

County of AikenTownship of Greg

Inc. Town of

City of

(2) Full Name of Child Levin Ray Bates

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 204No. 2664Registered No.
(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.)

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

(3) SEX OR

CHILD Boy

(4) Type

of Triplets

(5) Number in

order of birth

(6) Age

of Mother

(7) DATE OF

BIRTH

Feb 12 1913

(Name of Month) (Day) (Year)

FATHER

(8) FULL

NAME James Edward Bates

(9) PRESENT

RESIDENCE

OF FATHER Waverlyville S.C.

(10) COLOR

OR RACE White

(11) AGE AT LAST

BIRTHDAY 31

(Year)

(12) BIRTHPLACE

Barnwell Co. S.C.

(13) OCCUPATION

Textile Worker

MOTHER

(14) NAME BEFORE

MARRIAGE Marrie Laurie Johnson

(15) PRESENT

RESIDENCE

OF MOTHER Waverlyville S.C.

(16) COLOR

OR RACE White

(17) AGE AT LAST

BIRTHDAY 23

(Year)

(18) BIRTHPLACE

Aiken Co. S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to

mother, including present birth

Four

(21) Number of children of this mother

now living, including present birth

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 12 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State Physician or Midwife(25) Address of Physician or Midwife Aiken S.C.

(Given name added from a supplement-

al report)

(26) Witness

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

19

Registrar

(27) Filed

19

(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.*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.

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 1

Bureau of Statistics, Columbia, S. C.