

(1) PLACE OF BIRTH

County of

Township of

In Town of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration

3087

Registration District No. 22-13 Registered No. 3

(For use of Local Registrar)

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

(a) BOY OR GIRL?	(b) Twin or triplet?	(c) Number in order of birth	(d) Are Parents Married?	(e) DATE OF BIRTH
				Feb 10 1922

FATHER		MOTHER	
(1) FULL NAME	George W. Bates	(1) NAME BEFORE MARRIAGE	John W. Ward
(2) PRESENT POSTOFFICE OF FATHER	Sum SC	(2) PRESENT POSTOFFICE OF MOTHER	Sum SC
(3) COLOR OR RACE	W	(3) COLOR OR RACE	W
(4) AGE AT LAST BIRTHDAY	39 (Years)	(4) AGE AT LAST BIRTHDAY	22 (Years)
(5) BIRTHPLACE	Sumville Co	(5) BIRTHPLACE	Sumville Co
(6) OCCUPATION	Shoe making	(6) OCCUPATION	Domestic
(7) Number of children born to mother, including present birth	Three	(7) Number of children of this mother now living, including present birth	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A, B, or C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, or other) on the date above stated.

(22) (Signature) John W. Ward

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

Physician Sum SC

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 2/10 1922 (27) 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.