

Form No. 1.

(1) PLACE OF BIRTH  
County of Greenville  
Township of .....

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

File No. — For State Registrar Only  
**89989**

Inc. Town of ..... Registration District No. 22 A Registered No. 499  
(For use of Local Registrar)  
City of Greenville S.C. (No. 204 W. Stone Ave St.; 1 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sara Frances Bates If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 13 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Charles Oscar Bates  
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Clifton S.C.  
(13) OCCUPATION Physician  
(20) Number of children born to mother, including present birth One

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lethia Sibyl Truette  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Edel Ga.  
(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 born alive at 1 45 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. Dec 13 1916 C. O. Bates

(23) (Signature) C. O. Bates (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dec 18 1916 (27) Filed ..... 1916 (28) C. 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.

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.