(2) PLACE OF BIRTH

County of Anderson

Township of .....

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
9160

Registration District No. 3A Registered No. 95
(For use of Local Registrar)

(No. Anderson Hosp. St. ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Infant Eugene Yates (If child is not yet named, make supplementary report as directed)

(3) SEX OF CHILD Boy | (4) Twin or Triplet – | (5) Number in order of birth – | (6) Are Twins Identical? | (7) DATE OF BIRTH May 10 (Name of Month) (Day) 1923 (Year)

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Earl Robert Yates

(9) PRESENT POSTOFFICE OF FATHER Anderson S C Route 5

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE and Co.

(13) OCCUPATION Textile

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) MAIDEN NAME OR MARRIAGE Grace Willingham

(15) PRESENT POSTOFFICE OF MOTHER Anderson S C

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE and Co.

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 1

Vol. 8 No. 5736

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A A Young

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) ..... ANDER

*When there was no attending physician or midwife, then the father, householder, etc., should m
If a child breathes even once, it must not be reported as stillborn. No report is desired of
before the fifth month of pregnancy.

breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.