

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of ..... State Board of Health

File No. 76027 For State Registrar Only

Inc. Town of ..... or ..... Registration District No. 9A Registered No. 1020  
(For use of Local Registrar)  
City of Charleston (No. Riverside Dr. St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child 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 OF BIRTH Sept. 20 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME F. H. Bates  
(9) PRESENT POSTOFFICE OF FATHER Charleston SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Supt. Cooper Hosp  
(20) Number of children born to mother, including present birth One

MOTHER.  
(14) NAME BEFORE MARRIAGE Label Lotz  
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Charleston SC  
(19) OCCUPATION —  
(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 at 7:20 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 9/27 1916 (28) J. Mercus Green M.D. 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.