

COUNTY of Jefferson
 Township of Buttack
 No. 270
 Registration District No. 1
 City of Jefferson
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillie Mae Bates

(1) SEX girl (2) AGE 1 (3) BIRTH DATE Feb 5 1913

FATHER.
 (1) NAME + Dont know
 (2) OCCUPATION +
 (3) COLOR + (4) RESIDENCE +
 (5) BIRTHPLACE +
 (6) OCCUPATION +

MOTHER.
 (1) NAME Fell Bates
 (2) OCCUPATION Martins St
 (3) COLOR W.C. (4) RESIDENCE 20
 (5) BIRTHPLACE South Car
 (6) OCCUPATION farm laborer

(7) Number of children born to mother 1

(8) I hereby certify that I attended the birth of this child on the date above stated. Alone 2-5-13 P.M.
 (Sign always stillborn) (Sign A. M. or P. M.)

(9) Signature of Registrar [Signature]
 (10) Signature of Physician or Midwife [Signature]
 (11) Address of Physician or Midwife Hoffmanville