

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York

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

Registration District No. 4408

No. 10583
 Registered No. 79
 (For use of Local Registrar)

(2) Full Name of Child James McKee Oates

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH June 16, 1923

FATHER.
 (8) FULL NAME Thos McK Oates
 (9) PRESENT RESIDENCE OF FATHER York Co #7
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Matthe Campbell
 (15) PRESENT RESIDENCE OF MOTHER York Co #7
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE York Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (23) 12 M.

(24) (Signature) John F. Barron (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife York Co

Given name added from a supplementary report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(28) Date June 18, 1923 (29) Boazie Barron Local Registrar

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