

(1) PLACE OF BIRTH

County of Newberry
Township of No. # 12
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. 10. For State Registrar Only
31469

Registration District No. 5411 Registrar No. 23
(For use of Local Registrar)

(2) Full Name of Child Johnnie Edward Bates (No. St. Ward)
if birth occurs in a hospital or other institution give name of same instead of street and number.

1. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 6th 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 15th 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Cabrie Abraham Bates
9. PRESENT POSTOFFICE OF FATHER Little Mountain S.C.
10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 33 (Years)
12. BIRTHPLACE Little Mountain S.C.
13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Maybell Bourne
15. PRESENT POSTOFFICE OF MOTHER Little Mountain
16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 29 (Years)
18. BIRTHPLACE Chapin S.C.
19. OCCUPATION Farmer

20. Number of children born to mother, including present birth 6th 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rindy Teleazer
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Mtn

Given name added from a supplemental report

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

(27) Filed Oct 1st 1922 (28) H. H. Shealy Local Registrar

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