

(1) PLACE OF BIRTH,

County of SpencerTownship of Bolesor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

400?

Registration District No. 2201 Registered No. 11
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 19, 1923
(Name of Month) (Day) (Year)(8) FULL NAME W. B. Bates (9) NAME BEFORE MARRIAGE Pearl B. Bates(10) PRESENT POSTOFFICE OF FATHER Tranclus Rest S.C. (11) PRESENT POSTOFFICE OF MOTHER Same(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 41 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 34
(Year) (Year)(16) BIRTHPLACE A. C. (17) BIRTHPLACE A. C.(18) OCCUPATION Harmon (19) OCCUPATION Nurse(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Boles on the date above stated. (Born alive or stillborn?) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

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

(27) Filed Feb 19 1923 (28) 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.

N. B.—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 5.