

## (1) PLACE OF BIRTH

County of *Orangeburg*Township of *Willow*Inc. Town of *Willow*City of *Willow*

(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

File No. — For State Registrar Only

12455

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(No. .... St. .... Ward ....)

(2) Full Name of Child *Not named* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 11, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jerome Bates*(9) PRESENT POSTOFFICE OF FATHER *Cope, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *50* (Years)(12) BIRTHPLACE *South Carolina*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Three*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lila Brown*(15) PRESENT POSTOFFICE OF MOTHER *Cope, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *44* (Years)(18) BIRTHPLACE *South Carolina*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Chas. Allen*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 *Jan 11, 1922* (28) *Chas. Allen* 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.

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