

(1) PLACE OF BIRTH

County of *York*

Township of *Bales*

Inc. Town of
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46321

Registration District No. *2201* Registered No. *1*

(For use of Local Registrar)

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

(2) Full Name of Child *James Edward Bates* child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>male</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 6, 1916</i>
<small>To be answered only in event of Twins or Triplets.</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *Frank Bates*

(9) PRESENT POSTOFFICE OF FATHER *Travellers Rest, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *60* (Years)

(12) BIRTHPLACE *Columbia Co. S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Henny Weyme*

(15) PRESENT POSTOFFICE OF MOTHER *Travellers Rest, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *E. C. Stroud*

(24) State whether Physician or Midwife *M.D.* (25) Address of Physician or Midwife *Marquette, S.C.*

Given name added from a supplemental report

9/10, 1916

A. W. Weller Registrar

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

(27) Filed *Jan.* 1916 (28) *E. C. Stroud* 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MARRIED, DIVORCED, WIDOWED, SEPARATED, etc., in question 6.

McCraw, of Columbia.