

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37191

Registration District No. 310 Registered No. 111
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child James Drayton Patton 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 Nov 3 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Chaney Patton

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35

(12) BIRTHPLACE Oglethorpe Co., Ga.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Sixteen

MOTHER

(14) NAME BEFORE MARRIAGE Savannah Stone

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34

(18) BIRTHPLACE Hall Co., Ga.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mrs. Annie S. Moore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Dec 11 1922 (28) H. W. Leavright 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.

Moore (Sub)