

(1) PLACE OF BIRTH

County of Hampton  
Township of Lester  
or  
In Town of .....  
City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar  
**40914**

Registration District No. 2421 Registered No. 11  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Anna Lisa Patterson

(3) Sex Female (4) Type or Figure 3 (5) Number in order of birth 3 (6) Age yo (7) DATE OF BIRTH Dec 29 1928  
(Name) (Month) (Day) (Year)

FATHER  
(8) FULL NAME Jack Patterson  
(9) PRESENT RESIDENCE OF FATHER Yamett SC  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21  
(12) BIRTHPLACE SC  
(13) OCCUPATION Law mill work  
(14) Number of children born to mother, including present birth 3

MOTHER  
(15) NAME BEFORE MARRIAGE Lisa Reid  
(16) PRESENT RESIDENCE OF MOTHER Yamett SC  
(17) AGE AT LAST BIRTHDAY 22  
(18) COLOR OR RACE Black (19) BIRTHPLACE SC  
(20) OCCUPATION Law mill work  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clayton L. Foster  
(24) Name, Address, and Signature of Physician or Midwife Yamett SC 1521

Other name and address of physician or midwife Dr. C. Foster  
When necessary only (When location is to be signed by each)  
Yamett SC 1521  
Clayton L. Foster