

Form No. 1

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Pendleton,  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**63055**

Registration District No. 310 Registered No. 53  
 (For use of Local Registrar)

(2) Full Name of Child Michael ~~James~~ Patterson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 6 20 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Earl Patterson  
 (9) PRESENT POSTOFFICE OF FATHER Pendleton, S.C., #1  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 30 (Years)  
 (12) BIRTHPLACE Anderson, Co., S. C.  
 (13) OCCUPATION Farmer  
 (22) Number of children born to mother, including present birth { One }

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Maggie Rice  
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton, S.C., #1  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Anderson county S. C.  
 (19) OCCUPATION Farm hand  
 (21) Number of children of this mother now living, including present birth { One }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Hoston M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Pendleton, S. C.

Given name added from a supplemental report

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

(27) Filed 6/20 1916 (28) H. W. Sawyers Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is reathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN FATHER, MOTHER, OR OTHER PERSON, OTHER THAN THE REGISTRAR, SIGN THIS CERTIFICATE, HE OR SHE MUST SIGN AS A WITNESS. WHEN A SIGNATURE IS PLACED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE REGISTRAR, IT IS THE REGISTRAR'S SIGNATURE. WHEN A SIGNATURE IS PLACED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE REGISTRAR, IT IS THE REGISTRAR'S SIGNATURE. WHEN A SIGNATURE IS PLACED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE REGISTRAR, IT IS THE REGISTRAR'S SIGNATURE.