

Form No. 1

## (1) PLACE OF BIRTH

County of MustardTownship of Proctor

or

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

41669

Registration District No. 1205 Registered No. 92

(For use of Local Registrar)

(No. George Carroll Patrick St. ..... Ward)

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

(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

Oct 28 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Garrie Patrick(9) PRESENT POSTOFFICE OF FATHER Lucas S.C. P# 2(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Leliah Kendrick(15) PRESENT POSTOFFICE OF MOTHER Lucas S.C. P# 2(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 20 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. M. Newsome(24) State whether Physician or Midwife, Phys.(25) Address of Physician or Midwife Lucas S.C.Given name added from a supplemental report 6/15/24

(26) Witness

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

(27) Filed 11-7(28) 1922(29) P. B. Redman 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.