

(1) PLACE OF BIRTH

County of Collier  
Township of Quincy  
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

84558

Registration District No. 800

Registered No. 157  
(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 Annie Patterson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet X (5) Number in order of birth 1st (6) Sex yes (7) DATE OF BIRTH Nov 16 1916  
(8) Is mother only in event of Twin or Triplet (9) Is mother married

FATHER

(10) FULL NAME Walter Patterson

(11) PRESENT POSTOFFICE OF FATHER Yt Motte

(12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 26

(14) BIRTHPLACE S.C.

(15) OCCUPATION Yt on laborer

(16) Number of children born to mother, including present birth 2

MOTHER

(17) NAME BEFORE MARRIAGE Nancy Patterson

(18) PRESENT POSTOFFICE OF MOTHER Yt Motte

(19) COLOR OR RACE negro (20) AGE AT LAST BIRTHDAY 26

(21) BIRTHPLACE S.C.

(22) OCCUPATION Yt on laborer

(23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(25) (Signature) Homer H. Johnson (26) State whether Physician or Midwife (27) Address of Physician or Midwife

(28) Witness (Signature of Witness necessary when question 23 is signed by nurse)

(29) Filed Dec. 8, 1916 (30) Local Registrar

When a physician, nurse, or other person attending the birth of a child is not a physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.