

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

File No.—For State Registrar Only
17285

(1) PLACE OF BIRTH
 County of Abbeville
 Township of D 20
 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.)

Registered District No. J. R. 6 .. Registered No. 52 ..
 (For use of Local Registrar)

(2) Full Name of Child Helen Inez Patterick If child is not yet named, make supplemental report as directed

(3) <input type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH..... <u>6/11</u> <u>1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER		MOTHER	
(8) FULL NAME <u>C. J. Berlin</u>	(14) NAME BEFORE MARRIAGE <u>Inez Patterick</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Home Patterick #3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Home Patterick #3</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY..... <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY..... <u>24</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Abbeville</u>	(18) BIRTHPLACE <u>Abbeville</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ... at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Reese
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) J. H. Patten 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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.