

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Lawson

or

City of

(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

16567

Registration District No. 3603 Registered No. 134
(For use of Local Registrar)(2) Full Name of Child Katie Patson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? g (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 45 (6) Are Parents Married? na (7) DATE OF BIRTH May 29 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jonie Patson(9) PRESENT POSTOFFICE OF FATHER Cabotus(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE Cabotus(13) OCCUPATION Forming(20) Number of children born to mother, including present birth 45

MOTHER.

(14) NAME BEFORE MARRIAGE Sary Davis(15) PRESENT POSTOFFICE OF MOTHER Congoale(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 40
(Year)(18) BIRTHPLACE Congoale(19) OCCUPATION Forming(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Davis

(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 (28) J. P. Harick 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.