

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

66523

Registration District No. ....

Registered No. 32

(For use of Local Registrar)

## (2) Full Name of Child

Sarah Patton

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

(3) ~~Boy or Girl?~~

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 20, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William R. Patton

(9) PRESENT POSTOFFICE OF FATHER

Joverville, S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE

Kansas

(13) OCCUPATION

R.R. Section Man

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Martin

(15) PRESENT POSTOFFICE OF MOTHER

Joverville

(16) COLOR OR RACE

V.

(17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE

Mt. Airy, N.C.

(19) OCCUPATION

Domestic

(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 born at 10 P. M., on the date above stated. (For alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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)

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.

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