

(2) Full Name of Child Harmon Patterson

SEX <u>Boy</u>	THAN <u>1 Year</u>	DATE <u>1917</u>	AGE <u>1</u>	WEIGHT <u>10 lbs</u>
NAME <u>Harmon Patterson</u>		NAME <u>Edell Patterson</u>		
FATHER <u>Barnwell S C</u>		FATHER <u>Barnwell S C</u>		
MOTHER <u>negro</u>		MOTHER <u>negro</u>		
BIRTHPLACE <u>Barnwell Co</u>		BIRTHPLACE <u>Barnwell Co</u>		
OCCUPATION <u>Farm hand</u>		OCCUPATION <u>Farm hand</u>		
NUMBER OF CHILDREN BORN TO FATHER <u>1</u>		NUMBER OF CHILDREN BORN TO MOTHER <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Harmon on the date above stated. (Date of birth or stillborn) (Date of report)

(23) (Signature) James Thurman

(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 25 is signed by mother)
	(27) Date <u>11th 20 23</u> (28) <u>W. F. Kirkland</u>

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.