

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

or

Inc. Town of

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

88883

Registration District No. 10004 Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Bryan Patterson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 8, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Josias Patterson(9) PRESENT POSTOFFICE OF FATHER Cherokee, Ga., S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Cherokee Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Poole(15) PRESENT POSTOFFICE OF MOTHER Cherokee, Ga., S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Cherokee Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:45 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. L. Little, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Blochburg, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 18, 1916 (28) L. H. Neal, Sec. 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.

WHEN PLACED WITH UNBORN INFANT IN A PARTURIENT'S ANTERIOR, 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.