

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 8.  
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA.		75198	
Township of .....		Bureau of Vital Statistics		Registered No. <u>144</u>	
OR		State Board of Health		(For use of Local Registrar)	
Inc. Town of .....		Registration District No. <u>44B</u>		Ward	
or		City of <u>Rock Hill</u> (No. ....)		St.; .....	
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Ward	
(2) Full Name of Child <u>Julius Patton</u>		..		{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8, 19, 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter Patton</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Patton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rhine</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rhine S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Labourer</u>		
(20) Number of children born to mother, including present birth { <u>2</u> .....			(21) Number of children of this mother now living, including present birth { <u>2</u> .....		
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) <u>Jellie McHaffey</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Medford</u>					
Given name added from a supplemental report			(26) Witness .....		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>8/31</u> 191 <u>6</u> (28) <u>J. McHaffey</u> 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.