

**(1) PLACE OF BIRTH**

County of Kauai  
Township of Indian Land  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

### File No.—For State Register Card

4878

Inc. Town of.....

Registration District No. ....

**Registered No. ....**  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward) .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Lilly Potts

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

(2) BOY OR GIRL	(3) Twin or Triplet	(4) Number in order of birth	(5) Are Parents Married?	(6) DATE OF BIRTH
Girl		1	yes	Jul 9 23 (Name of Month) (Day) (Year)

FATHER.	
(2) FULL NAME	James Dallas Patterson
(3) PRESENT POSTOFFICE OF FATHER	P.O. # 3701 Mill St.
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE	Laurel, Ga.
(13) OCCUPATION	Drayman

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Bessie Belle Patterson*

(15) PRESENT POSTOFFICE OF MOTHER *Rt # 3 Port Mills Pa*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *42* (Years)

(18) BIRTHPLACE *York, Pa. U.S.*

(19) OCCUPATION *None*

20) Number of children born to mother, including present birth { 13

21) Number of children of this mother now living, including present birth { 11

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(3) 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 Mar 5 1929. (28) H. A. Young Local Board No. 1

Registrar

\*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.