

CERTIFICATE OF BIRTH

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

No. For State Registrar Only

0862

(1) PLACE OF BIRTH

County of Anderson
Township of Cuthbert
or
Inc. Town of _____
or
City of _____

Registration District No. 30.3 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Mary Jane Patterson (No. 56, Ward 5)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed.

(3) SEX-OR-
GIRL? ☐ (4) Twin
or Triplet ☐ (5) In order of birth ☐ (6) Age
in months ☐ (7) DATE OF
BIRTH April 30, 1912
(Month of Month) (Day) (Year)

FATHER

(8) FULL
NAME Paul Patterson
(9) PRESENT
POSTOFFICE
OF FATHER Anderson R.R. 4
(10) COLOR
OR
RACE Col. (11) AGE AT LAST
BIRTHDAY 33
(Years)
(12) BIRTHPLACE Anderson SC
(13) OCCUPATION Farmer
(14) Number of children born to
mother, including present birth: _____

MOTHER

(14) NAME BEFORE
MARRIAGE Bessie Patterson
(15) PRESENT
POSTOFFICE
OF MOTHER Anderson R.R. 4
(16) COLOR
OR
RACE Col. (17) AGE AT LAST
BIRTHDAY 27
(Years)
(18) BIRTHPLACE Anderson SC
(19) OCCUPATION Farmer
(20) Number of children of this mother
now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Bessie Patterson at 5 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Dr. M. C. Patterson

(22) (Signature)
(23) Place of birth of mother or midwife (24) Address of Physician or Midwife

Where there is a change of residence of the mother, the report should be made to the new residence.

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

F. B. CRAYTON,

When there is a change of residence of the mother, the report should be made to the new residence. No report is desired of stillbirths.