

(1) PLACE OF BIRTH

County of *McClennan*Township of *Bordcamp*

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4500*

File No.—For State Registrar Only

39317

Registered No. *149*

(For use of Local Registrar)

(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 *William Patterson* child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *10*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec 1 22*
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME *Wm Patterson Sr.*(9) PRESENT POSTOFFICE OF FATHER *McClennan*(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *40*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *8*MOTHER.
(14) NAME BEFORE MARRIAGE *Sallie Samuels*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *35*
(Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *farmer*(21) Number of children of the mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. A. Matheson*

(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 23 is signed by mark)(27) Filed *Dec 10 22* (28) *B. A. Matheson* 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.