

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.

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 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u> Gaston </u>		STATE OF SOUTH CAROLINA		42827	
Township of <u> Rural Spring </u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u> 4000B </u>		Registered No. <u> 74 </u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u> Ethel M. Patrick </u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u> Girl </u>	(4) Twin or Triplet <u> No </u>	(5) Number in order of birth	(6) Are Parents Married <u> Yes </u>	(7) DATE OF BIRTH <u> Oct 1 1923 </u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u> James M. Patrick </u>			(10) NAME BEFORE MARRIAGE <u> Mary Belle Thurston </u>		
(9) PRESENT POSTOFFICE OF FATHER <u> Lenoir S.C. </u>			(11) PRESENT POSTOFFICE OF MOTHER <u> Lenoir S.C. </u>		
(12) COLOR OR RACE <u> W </u>			(13) AGE AT LAST BIRTHDAY <u> 34 </u>		
(14) BIRTHPLACE <u> Greenville Co. </u>			(15) COLOR OR RACE <u> W </u>		
(16) OCCUPATION <u> Farmer </u>			(17) AGE AT LAST BIRTHDAY <u> 26 </u>		
(18) BIRTHPLACE <u> Anderson Co. </u>			(19) OCCUPATION <u> Housewife </u>		
(20) Number of children born to mother, including present birth <u> Five (5) </u>			(21) Number of children of this mother now living, including present birth <u> Three (3) </u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u> female </u> at <u> 7 A. </u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u> J. H. Moore </u>					
(24) State whether Physician or Midwife <u> Midwife </u>					
(25) Address of Physician or Midwife <u> Lenoir S.C. </u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when Question 23 is signed by mark)		
..... 19 .....			(27) Filed <u> Nov 23 1923 </u>		
Registrar			(28) <u> J. H. Moore </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.