

Form No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of Marion  
 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 Registrar Only

25479

Registration District No. 215 Registered No. B5  
 (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 Tommy Lee Patrick { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH April 1st 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME W. L. Patrick9) PRESENT POSTOFFICE OF FATHER W. L. Patrick10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 41 (Years)

12) BIRTHPLACE .....

13) OCCUPATION .....

20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Kathleen O'Rourke15) PRESENT POSTOFFICE OF MOTHER W. L. Patrick16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22 (Years)18) BIRTHPLACE L.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Newson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W. L. Patrick

Given name added from a supplemental report

110d 8/21/22  
 Registrar

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

(27) Filed Apr 12 22 (28) J. M. Newson 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.