

(1) PLACE OF BIRTH  
County of York  
Township of Port Mill

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

File No.—For State Registrar Only

32754

Inc. Town of .....  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 4406 Registered No. 75  
(For use of Local Registrar)

(2) Full Name of Child .....  
If child is not yet named, make supplemental report as directed

(3) Female Girl (4) Twin or triplet? ✓ (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Edward S. Patterson

(9) PRESENT POSTOFFICE OF FATHER Port Mill SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(14) Number of children born to mother, including present birth 8

(14) NAME BEFORE MARRIAGE MOTHER Rosa S. Patterson

(15) PRESENT POSTOFFICE OF MOTHER Port Mill SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this 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 9 P on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Destable  
(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 10/6-22 (28) A. L. Parker  
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.

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