

## (1) PLACE OF BIRTH

County of LeopoldTownship of Leopold

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

18003

Registration District No. 1000 B. Registered No. 22

(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 Blair Patterson 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 <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>October 19, 1922</u> (Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>Blair Patterson</u>				14) NAME BEFORE MARRIAGE <u>William Marshall</u>
9) PRESENT POSTOFFICE OF FATHER <u>Leopold, S.C.</u>				15) PRESENT POSTOFFICE OF MOTHER <u>Leopold, S.C.</u>
11) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Year)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
12) BIRTHPLACE <u>South Carolina</u>				18) BIRTHPLACE <u>North Carolina</u>
13) OCCUPATION <u>Teacher</u>				19) OCCUPATION <u>Servant girl</u>
20) Number of children born to mother, including present birth <u>2</u>				21) Number of children of this mother now living, including present birth <u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Leopold, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leopold, S.C.

Given name added from a supplemental report

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

(27) Filed January 2, 1923 (28) J. H. Williams Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make statement. If a child breathes even once, it must be reported as such. This report is desired at least before the fifth month of pregnancy.

RECEIVED BY COLUMBIA, COLUMBIA, N. C.