

(1) PLACE OF BIRTH

County of Laurens

Township of

or

Inc. Town of

or

City of Laurens

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

56496

Registration District No. 228Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child

Brooks Patterson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 18, 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Starlinus Patterson</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Blaskely</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Laurens SC</u>			(18) BIRTHPLACE <u>Greenville O.</u>	
(13) OCCUPATION <u>Laborer. Bottle Worker</u>			(19) OCCUPATION <u>Housework</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 Laurens SC on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.) 1 P.(23) (Signature) Laura Blaskely(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(26) Witness Jennie Blaskely

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

(27) Filed April 19, 1906(28) A. Kennedy

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.

MAINTAIN THIS FORM FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

Cav. of Columbia