

(1) PLACE OF BIRTH

County of Orangeburg

Township of City

Inc. Town of Orangeburg

City of Orangeburg

(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

50061

Registration District No. 36a

Registered No. 26
 (For use of Local Registrar)

(2) Full Name of Child.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 18, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John S. Patrick

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Insurance Agent

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

4

(14) NAME BEFORE MARRIAGE

Sue Kettle

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Orangeburg

Given name added from a supplemental report

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

(27) Filed Feb 18, 1916 (28) W. 19 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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