

(1) PLACE OF BIRTH

County of Edgefield
 Township of
 or
 Inc. Town of
 or
 City of

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

Registration District No. 1814

No. for State Registrar Only
3722

Registered No. 10
 (For use of Local Registrar)

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

(2) Full Name of Child Annina Lee Patton

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

(3) BOY OR
GIRL girl(4) Twin
or Triplet 1(5) Number in
order of birth 1(6) Are
Parents
Married yes(7) DATE OF
BIRTH Feb. 14, 1923

FATHER.

(8) FULL
NAME Homer L. Patton(9) PRESENT
POSTOFFICE
OF FATHER Johnston S.C.(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 27
(Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth one

MOTHER.

(14) NAME BEFORE
MARRIAGE Allice Patton(15) PRESENT
POSTOFFICE
OF MOTHER Johnston S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 22
(Years)(18) BIRTHPLACE Saluda Co.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) C. H. Shafter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed Mar 9, 1923

(28)

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.