

Form No. 1

(1) PLACE OF BIRTH

County of Allendale

Township of

or
Inc. Town of 11or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17387

Registration District No. 4600Registered No. 586
(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 Ida 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> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Luther Patterson(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Labor(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Riley(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Labor(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M.
on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(23) (Signature) Georganna X Gady(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale

Given name added from a supplemental report

(26) Witness F. H. Boyd M.D.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20, 1922 (28) F. H. Boyd M.D.
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.

THIS IS A PERMANENT RECORD. IN A CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.