

(1) **CERTIFICATE OF BIRTH**  
 County of Darlington S.C.  
 Townships of .....

**821**

Sex of ..... Registration District No. 1.1.1 Registrar No. ....  
 City of Darlington S.C. (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 Elvy Patterson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31 1923  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Julius David Patterson

MOTHER  
 (14) NAME BEFORE MARRIAGE Edna Eritte

(9) PRESENT RESIDENCE OF FATHER Darlington S.C.

(15) PRESENT RESIDENCE OF MOTHER Darlington S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Pa.

(18) BIRTHPLACE Darlington City

(13) OCCUPATION Railroad Employee

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report  
 ..... 101  
 Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed) [Signature]  
 (27) Filed Feb 1 1923 (28) [Signature] 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.