

(1) PLACE OF BIRTH

County of VictimsTownship of h. i.

or

Inc. Town of h. i.

or

City of h. i.

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

(2) Full Name of Child

Chad Patterson

File No.—For State Registrar Only

31867

Registration District No. 3.7.06Registered No. 104

(For use of Local Registrar)

(No. St.; Ward)

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

3) BOY OR GIRL

B

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 9, 22
(Name) (Month) (Day) (Year)

8) FULL NAME

A. Henry Patterson

9) PRESENT POSTOFFICE OF FATHER

Victims S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

42
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Sallie Hanna

(15) PRESENT POSTOFFICE OF MOTHER

Victims S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

4

(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..... at 10:30 A.M.
on the date above stated. (Day) (Month) (Year)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Victims S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness not necessary when question 23 is signed by mark)

(27) Filed

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.