

(1) PLACE OF BIRTH

County of Lancaster

Township of

or
Inc. Town of Lancaster

City of

(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

7502

Registration District No. 289A Registered No. 15
(For use of Local Registrar)(2) Full Name of Child Patricia Ann If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 6, 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Patricia Ann(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Lancaster(13) OCCUPATION housewife(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Patricia Ann(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 2 (Years)(18) BIRTHPLACE Lancaster(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Lancaster on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patricia Ann(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 23, 1921 (28) Patricia Ann 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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