

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41317

County of Laurens
Township of Scuffletown
OF
Inc. Town of Laurens
OF
City of

Registration District No. 2905 Registered No. 49
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 16 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Chas. Roland Patterson</u>	(9) NAME BEFORE MARRIAGE <u>Arva Lee Sewell</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>	(10) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(12) BIRTHPLACE <u>Laurens Co. S.C.</u>	(12) BIRTHPLACE <u>Laurens Co. S.C.</u>	(13) OCCUPATION <u>Domestic</u>	(13) OCCUPATION <u>Domestic</u>
(13) OCCUPATION <u>Farm</u>	(14) Number of children born to mother, including present birth <u>4</u>	(14) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Day alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) C. D. Hanna
(22) State whether Physician or Midwife (23) Address of Physician or Midwife
Physician Laurens S.C.

Given name added from a supplemental report
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..... 19

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed Jan 12 1924 (26) F. L. Dorman 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.