

(1) PLACE OF BIRTH

County of Laurens
Township of Sniffletown
Inc. Town of Laurens
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41347

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>			(14) NAME BEFORE MARRIAGE <u>Arva Lee Senn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)		
(12) BIRTHPLACE <u>Laurens Co. S.C.</u>		(16) BIRTHPLACE <u>Laurens Co. S.C.</u>		
(13) OCCUPATION <u>Farm</u>		(18) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) C. D. Hanna

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

Given name added from a supplemental report

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

(27) Filed Jan 12 1924 (28) 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.