

WRITE PLAINLY. WITH UNFADING INK—FILL IN A PREPARATION. STATE FIRST NAME, LAST NAME, MIDDLE NAME, FULL NAME OF CHILD, AND MARK THE CHILD'S SEX. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD'S SEX. NO 1 THIS OTHER NO 2, ETC. IN QUESTION 8.

(1) PLACE OF BIRTH

County of Anderson
Township of Wall
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3042

Registration District No. 30.6 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child Ida Mae Patterson

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

(3) SEX OF
GIRL

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Pringle Patterson

(9) PRESENT
POSTOFFICE
OF FATHER Iva S.C.

(10) COLOR
OR
RACE Colored (11) AGE AT LAST
BIRTHDAY 20
(Years)

(12) BIRTHPLACE
Anderson S.C.

(13) OCCUPATION
Farmer

(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Catherine Burton

(15) PRESENT
POSTOFFICE
OF MOTHER Iva S.C.

(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE
Iva S.C.

(19) OCCUPATION
Domestic

(21) 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 alive at 2:30 P.M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) D. H. Burton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Iva S.C.

Given name added from a supplement-
tal report.

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

(27) Filed Feb 26 1922 at Iva S.C. 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.

(28) Filed Mar 8 1922 at Iva S.C. 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.