

(1) PLACE OF BIRTH

County of OrangeburgTownship of OrangeburgInc. Town of OrangeburgCity of Orangeburg

(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

50040

Registration District No. 3025 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child

Patton

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 Parent Married? No (7) DATE OF BIRTH 2, 14, 6
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Robert E. Patton (14) NAME BEFORE MARRIAGE Bernard A. B. B.
 (9) PRESENT POSTOFFICE OF FATHER Westminster (15) PRESENT POSTOFFICE OF MOTHER Westminster
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Georgia (18) BIRTHPLACE Georgia
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 6 (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 Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Shuck (24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Westminster S.C.

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 20 1916 (28) D. G. Sullivan 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and number the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.