

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of York  
 Township of Pittenger  
 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

2760

Registration District No. 4404

Registered No. 4  
 (For use of Local Registrar)

(2) Full Name of Child

Thamos Patton

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 22  
 (Month) (Day) (Year)

(8) FULL NAME

FATHER. Robt Patton

(9) PRESENT POSTOFFICE OF FATHER

York R.F.D.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34  
 (Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Farm work

MOTHER.

(14) NAME BEFORE MARRIAGE

Virvian Long

(15) PRESENT POSTOFFICE OF MOTHER

York R.F.D.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34  
 (Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Farm work

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

4

(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 ..... at 11 A.M. on the date above stated. (Born alive or stillborn) (M. or P.M.)

(23) (Signature)

Mary Mobley

(24) State whether Physician or Midwife

Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

1/30/1922

(28)

J. M. Mobley  
 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.