

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

Form No. 1.

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

File No.—For State Registrar Only
80656

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Johns Island*

or
Inc. Town of

or
City of

Registration District No. *905*

Registered No. *100*
(For use of Local Registrar)

St. _____ Ward _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child *Unnamed Patterson*

(7) DATE OF BIRTH *Oct 7 1916*
(Name of Month) (Day) (Year)

(3) ~~BOY OR~~
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? *No*

MOTHER.

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Johns Island* (Hour A. M. or P. M.) *11 P. M.*
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Johns Island*

Given name added from a supplemental report

Died Unnamed 101

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

(27) Filed *Oct 9 1916* (28) *W. C. Hills* 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.