

MARGIN RESERVED FOR RECORDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. for State Registrar's Office 31807	
County of <u>Barnwell</u>		Township of		Registration District No. <u>424</u> Registered No. <u>240</u> (For use of Local Registrar)	
In Town of		City of <u>Paris Island</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <u>Harvey Lisle Patterson</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>—</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19, 1923</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Harvey Lisle Patterson</u>			(14) NAME BEFORE MARRIAGE <u>Blanche Estelle Pison</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Paris Island S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Paris Island S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Mars</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Sailor</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>2.55 P.M.</u> on the date above stated. (23) (Signature) <u>Blanche Estelle Pison</u> (24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Paris Island S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)			
..... 19		(27) Filed <u>Sept 21, 1923</u> (28) <u>Harvey Lisle Patterson</u>			
Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., must sign.
If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.