

PLACE OF BIRTH

My of McCormick  
 ship of Cordiant  
 or  
 Town of .....  
 or  
 of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

35471

Registration District No. 4500Registered No. 123  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Willie Patterson

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

SW-CH  
 ONLY

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 16, 22  
(Month) (Day) (Year)

## FATHER.

Full Name Willie Patterson

PRESENT  
 OFFICE  
 FATHER

COLOR  
 OR  
 RACE  
 BIRTHPLACE

(11) AGE AT LAST BIRTHDAY 21  
(Year)

OCCUPATION

Number of children born to  
 mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Fisher

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Blk(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. D. Matson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

a name added from a supplement-  
 tal report

(26) Witness

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

(27) Filed Oct 10, 1922

(28)

B. D. Matson  
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.