

Form No 1.

(1) PLACE OF BIRTH

County of Darlington
 Township of Rocky Lake
 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

50168

Registration District No. 3415 Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child Bewlah Patterson { 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 Parents yes Married? yes (7) DATE OF BIRTH Jan 24 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Galler Patterson

(9) PRESENT POSTOFFICE OF FATHER North S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Patterson

(15) PRESENT POSTOFFICE OF MOTHER North S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Telenius

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sally S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 12 1916 (28) J. E. Knott 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.

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.
 McCaw, of Columbia.