

(1) PLACE OF BIRTH

County of CornwallTownship of CalvertonInc. Town of CalvertonCity of Westminster

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 5500No. 33308

33308

Registered No. 178

(For use of Local Registrar)

(2) Full Name of Child

William Patterson(3) SEX OF CHILD Male (4) Type or Figure 5' 0" (5) Number in order of birth 1 (6) DATE OF BIRTH July 7, 1933(7) FULL NAME OF FATHER James(8) PRESENT RESIDENCE OF FATHER Westminster(9) COLOR OF FATHER White (10) AGE AT LAST BIRTHDAY 36(11) BIRTHPLACE OF FATHER Madison Co. N.C.(12) OCCUPATION OF FATHER Farmer(13) Number of children born to mother, including present birth 5(14) FULL NAME OF MOTHER James(15) PRESENT RESIDENCE OF MOTHER Westminster(16) COLOR OF MOTHER White (17) AGE AT LAST BIRTHDAY 27(18) BIRTHPLACE OF MOTHER Madison Co. N.C.(19) OCCUPATION OF MOTHER Farmer(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Lula (23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question is signed by mark) (27) Date Nov. 17, 1933 (28) Local Registrar

(29) When this certificate is filed, the mother, householder, etc., should make this return. It is to be reported on children. No report is desired of stillbirths. When the birth month of pregnancy.