

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

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

Registration District No. 12.05

File No.—For State Registrar Only

3704

Registered No. 17  
(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.)

## (2) Full Name of Child

Sarah Ellen Patton

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 22, 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

George W. Patton

(9) PRESENT POSTOFFICE OF FATHER

Riverside, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Eliza Jane Polson

(15) PRESENT POSTOFFICE OF MOTHER

Riverside, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House work

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

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 8.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.