

MARGIN RESERVED FOR BINDING.
 WHITE 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		5874	
Township of <u>North</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4423</u>		Registered No. <u>12</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Henry Patton</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12 1923</u> (Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Robert Patton</u>			(14) NAME BEFORE MARRIAGE <u>Esther M. Bick</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Windsor</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Col</u>			(18) BIRTHPLACE <u>Col</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>Wm. H. Hester</u>		(24) Address of Physician or Midwife <u>Windsor</u>			
(25) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report:					
(26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)					
(27) Filed <u>Jan 14 1923</u> (28) <u>Wm. H. Hester</u> 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.					

Revised by Columbia, Columbia, S. C.