

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.

(1) PLACE OF BIRTH
 County of York
 Township of Elizabeth
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (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

File No.—For State Registrar Only
20529

Registration District No. 420 C Registered No. 4-2
 (For use of Local Registrar)

(2) Full Name of Child Molly Patton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>ye</u>	(7) DATE OF BIRTH <u>June 28, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Dudley Patton

(9) PRESENT POSTOFFICE OF FATHER Road Hill

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm labor

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Charlie Barber

(15) PRESENT POSTOFFICE OF MOTHER Road Hill S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucie Dixon

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19

Registrar

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

(27) Filed 7/57 19 22 (28) Jensen 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.

MCGRAW OF COLUMBIA, S. C.