

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 3

(1) PLACE OF BIRTH
 County of Abbeville
 Township of
 OF
 Inc. Town of
 OF
 City of Abbeville (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
12526

Registration District No. 1-2 Registered No. 42
 (For use of Local Registrar)

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

(3) <input checked="" type="checkbox"/> BOY OR GIRL? <u>girl</u>	(4) <input type="checkbox"/> Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 10, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Ernest Patterson</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Collier</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C.</u>
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Public Work</u>	(19) OCCUPATION <u>Housewife</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 born alive at 4 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Eliza Y. Edwards

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife Abbeville, S. C.

(26) Witness May 10, 1923 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 10, 1923 (28) Abbeville, S. C. Local Registrar

Given name added from a supplemental report

*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.