

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 6.

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Cove Castle  
 OR  
 Inc. Town of .....

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

File No.—For State Registrar Only

19656

Registration District No. 3602 Registered No. 72  
 (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 Clifton Leroy Patrick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Osie C. Patrick  
 (9) PRESENT POSTOFFICE OF FATHER Bowman S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)  
 (12) BIRTHPLACE Orangeburg Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 8

MOTHER.  
 (14) NAME BEFORE MARRIAGE Hiener Patrick  
 (15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)  
 (18) BIRTHPLACE Orangeburg Co.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. L. Black  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 6/27 at 7 (28) W. H. Patrick 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.

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