

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

41030

County of *North*Township of *Little River*or
Inc. Town ofor
City ofRegistration District No. *2507* Registered No. *91*
(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 *Patish Veen* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>-</i> To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>-</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 23-23</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *John Veen*(9) PRESENT POSTOFFICE OF FATHER *Little River S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *23*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Public work*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lidanna Gore*(15) PRESENT POSTOFFICE OF MOTHER *Little River S.C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *Little River S.C.*(19) OCCUPATION *work*
Fruit and vegetable(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6.2* A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Markie Smith*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Little River*

(Given name added from a supplemental report)

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

(27) Filed *Jan 3-1924* (28) *C. C. 2/2/24*
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.

When father, mother or child is a foreigner, give name in full, and date of birth, and place of birth, and date of arrival in this country, and date of naturalization, if any.