

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 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
 Township of Pickens
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hazel Pauline Patterson

If child is not yet named, make supplemental report as directed

(3) ☒ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Patterson

(9) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

Pickens Co. S.C.

(13) OCCUPATION

Cotton milking

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Clouie Pauline Reeves

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Pickens Co. S.C.

(19) OCCUPATION

House wife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) L. A. Cannon M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Pickens R. 4, S.C.

Given name added from a supplemental report

(26) Witness

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

19
Registrar(27) Filed 19(28) L. B. Oxten
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.

Registrar

Local

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