

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

File No.—For State Registrar Only
35427

(1) PLACE OF BIRTH

County of Lexington
Township of Platts Springs
or
Inc. Town of
or
City of

Registration District No. # 2110 Registered No. 2 6
(For use of Local Registrar)

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

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

3. Girl 4. Twin 5. Number 6. Yes 7. DATE
To be answered only in event of Twin or Triplets. (Month) (Day) (Year) Oct 18 22

FATHER
8. FULL NAME J. B. Patcheter
9. PRESENT POSTOFFICE OF FATHER Columbia, SC
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 22 (Year)
12. BIRTHPLACE Gatonton, Ga.
13. OCCUPATION Cook at Hospital

MOTHER
14. NAME BEFORE MARRIAGE Bestell Pinner
15. PRESENT POSTOFFICE OF MOTHER Gatonton, SC
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 23 (Year)
18. BIRTHPLACE Gatonton, Co., S.C.
19. OCCUPATION Housewife

20. Number of children born to mother, including present birth. 1
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 on the date above stated.

(23) (Signature) L. P. Pinner (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Stoddard S.C.

Given name added from a supplemental report.

(26) Witness Joe F. Fallon (Signature of Witness necessary only when question 22 is signed by mark)

19 22 Registrar (27) Joe F. Fallon 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 sixth month of pregnancy.

Meade Co. Columbia, S.C. 1922. FORM NO. 1. THE OTHER, NO. 2, etc., in question 5.