

(1) PLACE OF BIRTH

County of YorkTownship of Becher

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

16264

Registration District No. 4700 Registered No. 24
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Frank Herbert Patton

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 26 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wesley Patton</u>			(14) NAME BEFORE MARRIAGE <u>Lucie Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrence, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrence, S.C. R#2</u>	
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>York Co. S.C.</u>			(18) BIRTHPLACE <u>York Co. S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at S.A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucie Smith(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lawrence, S.C. R#2

(When name added from a supplemental report)

(26) Witness C. B. Thompson
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed June 1 1923 (28) W. L. Ford
Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1. Bureau of Columbia, Columbia, S. C.