

## (1) PLACE OF BIRTH

County of York  
 Township of Fort Mill  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

9538

Registration District No. 4406Registered No. 20  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(2) Full Name of Child Odessa Patta

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

(3) SEX OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth: \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 17, 1927  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Justin Patta  
 (9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 19

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Stewart  
 (15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P.M.)

(23) (Signature) Georgina - Patta(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Fort Mill, S.C.

Signature of mother, father, or other person  
 and address

(26) Witness A. L. Parker

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Date 3/15/27(28) A. L. Parker

Local Registrar

Persons taking charge of attending the birth of a child, or midwife, should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.