

## (1) PLACE OF BIRTH

County of *York*Township of *Ft. Mill*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

9544

Registration District No. *4406*Registered No. *18*  
(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 *Annie Lee Patts*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Mar 4 1922*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Shellie Patts*(9) PRESENT POSTOFFICE OF FATHER *Ft. Mill S.C.*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *28*  
(Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER

(14) NAME BEFORE MARRIAGE *Leola Neely*(15) PRESENT POSTOFFICE OF MOTHER *Ft. Mill S.C.*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *20*  
(Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Domestic*(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 *alive* at *9 A.* M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Anna Patts*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Ft. Mill*

Given name added from a supplemental report

(26) Witness

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

(27) Name

(28) Local Registrar

*A. L. Parks*

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

COLUMBIA, S. C.