

MARGIN RESERVED FOR INDEXING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Philip
 or
 Inc. Town of _____
 or
 City of North Charleston
 (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
3513

Registration District No. 959 Registered No. 41
 (For use of Local Registrar)

(2) Full Name of Child Elizabeth Patrick

St. _____ Ward _____
 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 case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb. 24, 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>George Lewis Patrick</u> | | | (14) NAME BEFORE MARRIAGE <u>Ruth Ellen McKeithan</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>North Charleston SC</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston SC</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>White</u> | | |
| (12) BIRTHPLACE <u>St Matthews SC</u> | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | |
| (13) OCCUPATION <u>Machine Operator Garyford</u> | | (18) BIRTHPLACE <u>Marion SC</u> | | |
| (20) Number of children born mother, including present birth <u>1</u> | | (19) OCCUPATION <u>Domestic</u> | | |
| (21) Number of children of this mother now living, including present birth <u>1</u> | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1234 E. Main on the date above stated. (Born alive or stillborn) (House A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Physician N. Charleston SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 6, 1922

(28) 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.
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