

WRITE PLAINLY, WITH INK, IN 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 1.

(1) PLACE OF BIRTH
 County of Orangeburg SC
 Township of Jura
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3119 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Anna Bell Patterson If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|--|------------------------------|--|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 22, 1923</u> (Name of Month) (Day) (Year) |
|--------------------------------|--|------------------------------|--|--|

FATHER.

| | |
|---|--|
| (8) FULL NAME <u>Sam Patterson</u> | (14) NAME BEFORE MARRIAGE <u>Isabell Wright</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg SC</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg SC</u> |
| (10) COLOR OR RACE <u>Colored</u> | (16) COLOR OR RACE <u>Colored</u> |
| (11) AGE AT LAST BIRTHDAY <u>25</u> (Year) | (17) AGE AT LAST BIRTHDAY <u>23</u> (Year) |
| (12) BIRTHPLACE <u>Calhoun Co SC</u> | (18) BIRTHPLACE <u>Orangeburg Co SC</u> |
| (13) OCCUPATION <u>Farm Work</u> | (19) OCCUPATION <u>Farm Work</u> |
| (20) Number of children born to mother, including present birth <u>4</u> | (21) Number of children of this mother now living, including present birth <u>1</u> |

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Middleton
 (24) State whether Physician or Midwife
midwife
 (25) Address of Physician or Midwife
Orangeburg SC

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1923 (28) Local Registrar

Given name added from a supplemental report

19 .. 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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