

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY WITH LEADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Orange
 or
 Inc. Town of

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

File No.—For State Registrar Only
86980

Registration District No. 3613 Registered No. 176
 (For use of Local Registrar)

City of (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 Nelson Patterson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>26th Oct 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
8) FULL NAME <u>Prinus Patterson</u>			(14) NAME BEFORE MARRIAGE <u>Annie Slower</u>	
9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(17) AGE AT LAST BIRTHDAY <u>26 yrs</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>St. Matthews</u>	
13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farm help</u>	
20) Number of children born to mother, including present birth <u>1</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 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Davis Orangeburg S.C.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 19

(26) Witness J. L. Fairley
(Signature of Witness; necessary only when question 23 is signed by mark)

(27) Filed Nov 16 1916 (28) J. L. Fairley 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.