

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....City of Williamston

(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

No. 1a.—For State Registrar Only

2763

Registration District No. 3-C Registered No. 22  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>4</u>	(7) DATE OF BIRTH <u>June 10 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Emory Patterson(9) PRESENT POSTOFFICE OF FATHER Williamston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Anderson(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma B. Harris(15) PRESENT POSTOFFICE OF MOTHER Williamston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Year)(18) BIRTHPLACE Anderson(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born June 10 1923 at 5:30 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. Carl L. Gentry

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Williamston

Given name added from a supplemental report

(25) Witness .....  
(Signature of Witness necessary only when question is signed by mark)(26) Signed 3-9 1923 at Williamston South Carolina  
(Signature) (Date) (Place)

When there was an attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.