

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
76387

(1) PLACE OF BIRTH
County of Lexington
Township of Edgely Store
or
Inc. Town of

Registration District No. 7206 Registered No. 86
(For use of Local Registrar)

(2) Full Name of Child Patricia } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? single (5) Number in order of birth 7th (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 18th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Miss Jordan
(9) PRESENT POSTOFFICE OF FATHER Pageland S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Lexington S.C.
(13) OCCUPATION Housewife
(20) Number of children born to mother, including present birth } 7

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Murray
(15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Edgely S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth } 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. L. Moore M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report

Amended 191...
Page 1 of 2
Registrar

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

(27) Filed 10/1 191... (28) T. E. Cato 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.