

(1) PLACE OF BIRTH

County of OrangeburgTownship of Paradiseor
Inc. Town ofor
City of

(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 HealthRegistration District No. 3614

File No.—For State Registrar Only

4890

Registered No. 713
(For use of Local Registrar)(2) Full Name of Child Patric Savine

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samie Savine

(9) PRESENT POSTOFFICE OF FATHER Parlane S C

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Riddle Knead

(15) PRESENT POSTOFFICE OF MOTHER Parlane S C

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,
on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) Emiley Houston

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Parlane S C

Given name added from a supplemental report

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

(27) Filed Feb 18, 1923 (28) J. J. Dantley 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.