

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

4756

County of Lancaster Co
Township of Pleasant Hill

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

Registration District No. 2276 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Cleola Patterson _____

3) BOY OR GIRL? <i>Girl</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH: <i>Jan 27, 1922</i> (Name of Month) (Day) (Year)
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10. Be answered only in Arabic numerals.

FATHER.

2) FULL NAME *Lovett Patterson*

9) PRESENT POSTOFFICE OF FATHER *Heath Spring R-7.D.*

10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *27* (Years)

12) BIRTHPLACE *Lancaster co*

13) OCCUPATION *farm hand*

20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Drakeford

(15) PRESENT POSTOFFICE OF MOTHER Heath Spring A. R.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Lancaster Co

(19) OCCUPATION House T Keeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Matilda x Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elgin J. C.

Given name added from a supplement-
tal report

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

(27) Filled Feb 25 1922 (28) E. F. Hornum 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.

before the fifth month of pregnancy.