CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71061

(1) PLACE OF BIRTH
County of Aiken
Township of .....
or Inc. Town of .....
or City of Aiken S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2a Registered No. 41
(For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child. Margaret Elizabeth Patterson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
inf			yes	Aug. 12 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME James Hyde Patterson	(14) NAME BEFORE MARRIAGE Ida Ruth Winthrop
(9) PRESENT POSTOFFICE OF FATHER Aiken S.C.	(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28. (Years)
(12) BIRTHPLACE Denver North Carolina	(18) BIRTHPLACE Aiken S.C.
(13) OCCUPATION Farm Telephone Co.	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.40 (Hour A. M. or P. M.) P. M., on the date above stated.

(23) (Signature) J. V. Zeigler M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Aug 14 1916 (28) J. Ottison
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.

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McCaw, of Columbia.

MARGIN RESERVED FOR BINDING.
PLAINLY WRITE UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of twins or triplets use a separate blank for each child, and mark, e.g., First-born, No. 1, the other, No. 2, etc., in question 5.