

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
47878

County of Chester  
Township of Windsor

Inc. Town of ..... Registration District No. 215 Registered No. 52  
(For use of Local Registrar)  
City of ..... (No. ....) St. .... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Washington Redd  
(9) PRESENT POSTOFFICE OF FATHER Mountmorenci S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ... 3 ...

MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Loua Price  
(15) PRESENT POSTOFFICE OF MOTHER Mountmorenci S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(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 born alive at 2:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Whitlock M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hitchings Mills S.C.

Given name added from a supplemental report  
..... 181 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 15 1916 (28) O. L. Wynn 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

MARGIN RESERVED FOR BINDING.