

(1) PLACE OF BIRTH

County of DaytonTownship of New Hope

Inc. Town of

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 Health

Registration District No. 3612

File No.—For State Registrar Only

4867Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Annex Tholia Redfield

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

(3) SEX
MALE(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTH Feb 8 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE Annex Tholia Redfield(15) PRESENT
POSTOFFICE
OF MOTHER Dayton S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 17
(Years)(18) BIRTHPLACE Dayton S.C.(19) OCCUPATION Iron Turner(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 58 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss H. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

Signature of Witness necessary only
when question 23 is signed by mark.(27) Filed 2/15 1923

(28)

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.