

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

35340

Registration District No. 1205

Registered No. 82  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary H. Redfern

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) BORN IN

State of South Carolina

(6) Are there marks

yes

(7) DATE OF BIRTH

Sept 4, 1923

(8) FULL NAME

F. D. Redfern

(9) PRESENT RESIDENCE OF FATHER

Mt Croghan S.C.

(10) COLOR OR RACE

White

(11) NEXT LAST BIRTHDAY

37

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Merchant

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

13

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maud Roberson

(15) PRESENT RESIDENCE OF MOTHER

Mt Croghan S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Va.

(19) OCCUPATION

Housewife

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

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature)

(23) State whether

Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

Garnie J. J. J.

Jan 25, 1924

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed

1923

(27) Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes such case, it must not be reported as stillborn. No report is desired of stillbirths before the 24th month of pregnancy.