

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

1. PLACE OF BIRTH
 County of Sumter
 Township of _____
 or
 Inc. Town of Sumter
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FIL 23 048095 ar Only

2. FULL NAME OF CHILD Howard Wallace Reddin
 If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? _____ 8. Date of birth December 30, 1923
 (Month, day, year)

9. Full name FATHER
Walter Eugene Reddin 18. Name before marriage MOTHER
Katherine Durr

10. Residence (mailing address) (If non-resident, give place and State) _____ 19. Residence (mailing address) (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday _____ (Years) 20. Color or race White 21. Age at last birthday _____ (Years)

13. Birthplace (city or place) Laurens, S. C. (State or country) Laurens Co. 22. Birthplace (city or place) Quincy, Fla. (State or country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) 6 yrs. spent in this work _____ 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
 (Signed) William Sydney Burgess, M.D.
 or _____, Midwife.
 Given name added from _____ Address _____
 a supplementary report _____ (Date of) _____
 Filed Nov. 5, 1937. M. B. Woodward, M. D.
 Registrar. Registrar.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
 J. MARION SIMS BUILDING — 2600 BULL STREET
 COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
 Commissioner and State Registrar

Doris M. Byars
 Assistant State Registrar