

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)

1. PLACE OF BIRTH		Standard Certificate of Birth		FIL 23 048095 ar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of		State Board of Health		Registration District No. <u>41-A</u> Registered No.	
or Inc. Town of <u>Sumter</u>		Registration District No.		Registered No.	
or City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Howard Wallace Reddin		If child is not yet named, make supplemental report as directed.	
2. FULL NAME OF CHILD					
3. Boy or Girl <u>Boy</u>		4. Twin, triplet or other.....		5. Number, in order of birth.....	
6. Premature.....		7. Are Parents Married?.....		8. Date of Birth <u>December 30</u> , 19 <u>23</u> (Month, day, year)	
9. Full name <u>Walter Eugene Reddin</u>		18. Name before marriage <u>Katherine Durr</u>		10. Residence (mailing address) (If non-resident, give place and State).....	
11. Color or race <u>White</u>		12. Age at last birthday..... (Years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) <u>Laurens, S. C.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		21. Age at last birthday..... (Years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....		16. Date (month and year) last engaged in this work.....		22. Birthplace (city or place) <u>Quincy, Fla.</u>	
17. Total time (years) <u>6 yrs.</u> spent in this work.....		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....	
25. Date (month and year) last engaged in this work.....		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..... (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) <u>William Sydney Burgess</u> , M.D.					
or....., Midwife.					
Address					
Filed <u>Nov. 5</u> , 19 <u>37</u> <u>M. B. Woodward, M. D.</u> 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