

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH

County of Anderson  
 Township of Bradley Creek  
 Inc. Town of.....  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

**30841**

Registration District No. 7.2.2 Registered No. 78  
 (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 Maryall B. Birdline (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH Oct 18 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Walter Birdline  
 (9) PRESENT RESIDENCE OF FATHER Redmt - S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Anderson Co. S.C.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Rada Auston  
 (15) PRESENT RESIDENCE OF MOTHER Redmt - S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE Anderson Co. S.C.  
 (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clarra Babb (24) Since whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 24 1923 (28) J. B. Babb 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.