

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

REC'D OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of St. Stephens
Township of Hammond
or
Inc. Town of
or
City of

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

(2) Full Name of Child Leon R. Redd

File No.—For State Registrar Only

2870

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 205B

Registered No. 6
(For use of Local Registrar)

St. Ward)

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

(3) BOY or GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 19 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME L. B. Redd
(9) PRESENT POSTOFFICE OF FATHER Bath
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Aiken Co
(13) OCCUPATION Chuck Bed
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Quindlin Redd
(15) PRESENT POSTOFFICE OF MOTHER Bath Se
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Aiken Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) An L. L. Lark
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bath

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 18 19 22 (28) John L. Lark Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.