

(1) PLACE OF BIRTH

County of Richland

Township of

In Town of Wegwood

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2301

Registration District No. 38a Registered No. 2
(For use of Local Registrar)

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

2) Full Name of Child. Bessie Reddick If child is not yet named, make supplemental report as directed

(4) Twin or triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH 1-17-22
Take account only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. K.

(9) PRESENT POSTOFFICE OF FATHER W. K.

(10) COLOR OR RACE W. K. (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE W. K.

(13) OCCUPATION W. K.

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Reddick

(15) PRESENT POSTOFFICE OF MOTHER W. K.

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE W. K.

(19) OCCUPATION W. K.

(20) 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 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife W. K.

Given name added from a supplemental report

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

(27) Filled 1-19-22 (28) [Signature] 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.

PHYSICIAN, N.C. 1. THIS CERTIFICATE, NO. 2, IS TO BE FILED IN QUESTION 2.