

Form No. 1

(1) PLACE OF BIRTH  
County of Calhoun  
Township of Shelley  
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.)

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

File No.—For State Registrar Only  
**66219**

Registration District No. 4001 Registered No. 66  
(For use of Local Registrar)  
St.; ..... Ward)  
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. Olivia Redinger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1916  
To be answered only in event of twins or triplets

FATHER: (8) FULL NAME Albert Redinger (14) NAME BEFORE MARRIAGE Myrtle Henderson

(9) PRESENT POSTOFFICE OF FATHER Fingerville (15) PRESENT POSTOFFICE OF MOTHER Fingerville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Mil. operator (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 2 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by father)  
(27) June 11, 1916 (28) A. G. Burston 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.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia