

Form No. 1

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Spartanburg* STATE OF SOUTH CAROLINA.  
Township of *Calhoun* Bureau of Vital Statistics  
State Board of Health

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

Inc. Town of ..... Registration District No. *4001* Registered No. *65*  
or  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Oliver Redinger* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (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 case of twins or triplets*

FATHER  
(8) FULL NAME *Albert Redinger*

MOTHER  
(14) NAME BEFORE MARRIAGE *Mattie Henderson*

(9) PRESENT POSTOFFICE OF FATHER *Fingerville*

(15) PRESENT POSTOFFICE OF MOTHER *Fingerville*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Mech. 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at ..... M., 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 mark)  
(27) *June 11, 1916* (28) *A. G. Burton* 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