

(1) PLACE OF BIRTH

County of Christfield SCTownship of C.H.or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41661

Registration District No 1203 Registered No. 144
(For use of Local Registrar)

(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 Jarba Redfern { 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 1 (6) Age Parents Married yes (7) DATE OF BIRTH Dec 18 22
(Name of Month (Day) (Year)

FATHER.

(8) FULL NAME George Redfern(9) PRESENT POSTOFFICE OF FATHER Christfield SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Walker(15) PRESENT POSTOFFICE OF MOTHER Christfield SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 9 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) George Redfern(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Christfield SC

Given name added from a supplemental report

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

(26) Dec 25 1922 (27) M. S. Watson
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 above the sixth month of pregnancy.