

THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 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.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Charleston  
 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.)

Registration District No. 1203 St. .... Ward ....

Registered No. 234  
 (For use of Local Registrar)

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

File No.—For State Registrar Only  
**89066**

(2) Full Name of Child Ellison Redfearn 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) Are Parents Married? Yes (7) DATE OF BIRTH Nov 17 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Lannie Redfearn  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S. C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE Charleston S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sofie Redfearn  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE Charleston S. C.  
 (19) OCCUPATION Help on Farm  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blasie Bowman  
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Charleston S. C.  
 Given name added from a supplemental report .....  
 (26) Witness .....  
 (27) Filed Dec 12 1916 (28) H. E. Mulloy 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.

RECEIVED AT COLUMBIA, S. C.