

PLACE OF BIRTH

City of *Marengo*
 County of *Red Bluff*
 State of *Tatum*
SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5041

Registration District No. *3305* Registered No. *5*
 (For use of Local Registrar)

Full Name of Child

Girl

Sex
 of Child

Number of
 children

Age of
 Parent
 (Years)

Date of Birth *Jan 15 1922*
 (Day) (Month) (Year)

FATHER.

NAME *Louis Dredie*

PRESENT
 POSTOFFICE
 OF FATHER

Tatum SC

COLORED
 OR
 RACE

Negro

(11) AGE AT LAST
 BIRTHDAY

32
 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

7

MOTHER.

(15) NAME DEED
 MARRIAGE

Ethel Legins

(16) PRESENT
 POSTOFFICE
 OF MOTHER

Tatum SC

(18) COLORED
 OR
 RACE

Negro

(17) AGE AT LAST
 BIRTHDAY

27
 (Years)

(19) BIRTHPLACE

SC

(20) OCCUPATION

Domestic

(21) Number of children of this mother
 now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *1 a.m.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lella Bryant

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

McCall SC

Given name added from a supplement
 report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed

Jan 20 1922

(28)

J. H. Mathews
 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.

MARGIN RESERVED FOR REVISION

WRITE PLAINLY, WITH A PENCIL, IN THE MARGIN OF THIS FORM, IN THE CASE OF TWIN OR TRIPLE BIRTHS, THE DATE OF THE FIRST BIRTH, NO. 1, THE CHILD, NO. 2, AND SO ON.

MOBILE OF COLUMBIA, COLUMBIA, D. C.