

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Hickory

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
40892Registration District No. 314 Registered No. 59
(For use of Local Registrar)(2) Full Name of Child Root

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? - (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>H. B. Reddell</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Hawkins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Payer RFD</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Payer RFD</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Laurens County</u>	(18) BIRTHPLACE <u>Idaho</u>	(13) OCCUPATION <u>Mill Worker</u>	(19) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1000 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Dundy
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Payer RFD

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 12 1922 (28) J. B. Martin 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.

REMARKS: MARK FOR EACH CHILD, AND MARK THE
OTHER, NO. 2, etc., in question 6.