

(1) PLACE OF BIRTH

County of Greenville
 Township of Lawrence
 or
 Inc. Town of Mountain View
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4351

Registration District No. Registered No.
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Melborne Eugene Redick Jr. (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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb-15-1934
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Melborne Eugene Redick
 (9) PRESENT POSTOFFICE OF FATHER Mountain View S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Pharmacist
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Eula Woods
 (15) PRESENT POSTOFFICE OF MOTHER Mountain View S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House
 (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 alive at 8 a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thomas
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Mountain View S.C.

Given name added from a supplemental report

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

(27) Filed March 1 1934 (28) W. A. Ross 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.