

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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 2.

Board of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
County of Abbeville STATE OF SOUTH CAROLINA  
Township of Smithville Bureau of Vital Statistics  
Inc. Town of ..... State Board of Health  
City of ..... Registration District No. 110 Registered No. 8  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(For use of Local Registrar)

File No.—For State Registrar Only  
12564

(2) Full Name of Child Mary Jane Redd child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 23, 1923  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Miles Redd  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18  
(12) BIRTHPLACE Abbeville S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Beck Houlan  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18  
(18) BIRTHPLACE Abbeville S.C.  
(19) OCCUPATION Farm Hand  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Given name added from a supplemental report  
.....  
.....  
.....  
19 .....  
Registrar

(26) Witness .....  
(Signature of Witness necessary when question 23 is signed by mother)  
(27) Filed June 12, 1923 R. B. Jones  
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.