

(1) PLACE OF BIRTH

County of Burnwell
 Township of Burnsville
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10031

Registration District No. 50.4Registered No. 34
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Lafayette Redman (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 Apr 8 1923
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER: 8. FULL NAME James Lafayette Redman 14. NAME BEFORE MARRIAGE Bertha Elizabeth Hubbs

9. PRESENT POSTOFFICE OF FATHER Blacksburg SC 15. PRESENT POSTOFFICE OF MOTHER Blacksburg SC

10. COLOR OR RACE White 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 37 (Year)

18. BIRTHPLACE Burnwell Co 19. OCCUPATION Housewife

20. OCCUPATION Father 21. Number of children of this mother now living, including present birth 7

22. Number of children born to mother, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour _____ M. or P. M.) on the date above stated.

(23) (Signature) D. H. Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1923(28) C. H. Thompson 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.

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