

Form No. 1

## (1) PLACE OF BIRTH

COUNTY of Aiken  
 Township of Langley  
 OR  
 Inc. Town of .....  
 OR  
 City of Bath St.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

19697

Registration District No. 217A Registered No. 91  
 (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 Henry Redd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number of birth order 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 17, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Redd  
 (9) PRESENT POSTOFFICE OF FATHER Langley St.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE Barnwell Co. St.  
 (13) OCCUPATION Textile  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Beard  
 (15) PRESENT POSTOFFICE OF MOTHER Langley St.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)  
 (18) BIRTHPLACE Aiken Co. St.  
 (19) OCCUPATION Domestic  
 (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 Born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. M. S.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bath St.

(Given name added from a supplemental report)

(26) Witness

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

19  
 Registrar

(27) July 20, 1923 (28) J. W. Spradley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.