

MARGIN RESERVED FOR RECORDS.
WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD.
N. B.—In case of TWINNING, INDICATE EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.
MEDICAL COLUMBIA, S. C.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Lexington</u></p> <p>Township of <u>Highland</u></p> <p>or</p> <p>Inc. Town of <u>Highland</u></p> <p>or</p> <p>City of _____</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>4923</p>
<p>Registration District No. <u>3107</u></p>				<p>Registered No. <u>20</u></p> <p>(For use of Local Registrar)</p>		
<p>(2) Full Name of Child <u>Maurice Russell Addy</u></p> <p>(If child is not yet named, make supplemental report as directed)</p>						
<p>(3) BOY OR GIRL <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>—</u></p> <p>To be answered only in case of Twins or Triplets</p>	<p>(5) Number in order of birth <u>1</u></p>	<p>(6) Are Parents Married? <u>yes</u></p>	<p>(7) DATE OF BIRTH <u>Jan 30 1922</u></p> <p>(Month) (Day) (Year)</p>		
<p>FATHER.</p>			<p>MOTHER.</p>			
<p>(8) FULL NAME <u>Reindall Addy</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Mildred Halley</u></p>			
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Highland S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Highland S.C.</u></p>			
<p>(10) COLOR OR RACE <u>white</u></p>			<p>(17) AGE AT LAST BIRTHDAY <u>20</u></p> <p>(Year)</p>			
<p>(12) BIRTHPLACE <u>S.C.</u></p>			<p>(18) BIRTHPLACE <u>S.C.</u></p>			
<p>(13) OCCUPATION <u>Mechanic</u></p>			<p>(19) OCCUPATION <u>House wife</u></p>			
<p>(20) Number of children born to mother, including present birth <u>1</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>			
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>						
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1</u> o'clock <u>A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>						
<p>(23) (Signature) <u>P. A. Smith, Jr.</u></p>						
<p>(24) State whether Physician or Midwife</p>						
<p>(25) Address of Physician or Midwife <u>Highland S.C.</u></p>						
<p>Given name added from a supplemental report</p> <p><u>M. B. Woodward, Jr.</u></p> <p><u>June 15</u> 19 <u>22</u></p> <p>Registrar</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p><u>P. A. Smith, Jr.</u></p>			
<p>(27) Filed <u>3-1-22</u></p>			<p>(28) <u>P. A. Smith, Jr.</u></p> <p>Local Registrar</p>			

*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.