

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Abeneganor
Inc. Town ofor
City of(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 Alexander ReddenNo. for State Registrar Only
30633CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4403 Registered No. 72
(For use of Local Registrar)3. BOY OR GIRL g 4. Twin or Triplet g 5. Number in order of birth 1 6. Age Parents Married Yes 7. DATE OF BIRTH 7 23 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Massey Redden9. PRESENT POSTOFFICE OF FATHER Rock Hill S.C.10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 23
(Year)12. BIRTHPLACE York13. OCCUPATION Farmer14. Number of children born to mother, including present birth 1

MOTHER.

15. NAME BEFORE MARRIAGE Eula Garrison16. PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.17. COLOR OR RACE W 18. AGE AT LAST BIRTHDAY 23
(Year)19. BIRTHPLACE York

20. OCCUPATION

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 stillborn at 11 23 23 M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary Bradley(24) State whether Physician or Midwife 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 11/27 1923 (28) J. B. Miller 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.