FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9064

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
Inc. Town of ..... or
City of Abbeville (No. ..... St.; 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-a Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child. Dilad Redd

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? Twin
(5) Number in order of birth 2
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Apr, 24, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Gus Redd	(14) NAME BEFORE MARRIAGE Lula Lipford
(9) PRESENT POSTOFFICE OF FATHER Not Known	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE Negro. (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Greenwood Co.
(13) OCCUPATION Railroading	(19) OCCUPATION House wife.
(20) Number of children born to mother, including present birth 9	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Forceps (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary E. Clerks

(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Abbeville

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness L. A. Richie
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 26th 1915 (28) T. G. Perrin
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.

MARGIN RESERVED FOR BINDING.

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

N. 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 5.

McCaw, of Columbia.