

(1) PLACE OF BIRTH

County of Dorchester

Township of

or Inc. Town of Washalla

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pauline Reed (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Female (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH July 14, 1923(8) FULL NAME OF FATHER Lee Reed (9) PRESENT POSTOFFICE OF FATHER Washalla (10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 28 (12) BIRTHPLACE OF FATHER Dorchester (13) OCCUPATION OF FATHER Cotton Mill(14) NAME BEFORE MARRIAGE OF MOTHER Lessa Gillispie (15) PRESENT POSTOFFICE OF MOTHER Washalla (16) COLOR OF MOTHER White (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE OF MOTHER Dorchester (19) OCCUPATION OF MOTHER Housewife(20) Number of children born to mother, including present birth 1 (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 White (Sex and color of child) (23) Date of birth July 14, 1923 (Hour A. M. or P. M.)(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Washalla(26) Signature of Physician or Midwife [Signature] (27) Address of Physician or Midwife Washalla(28) Witness [Signature] (29) Signature of Witness necessary only when question 22 is signed "X" mark(30) Date July 14, 1923 (31) Registrar [Signature]

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.