

(1) PLACE OF BIRTH

County of Dorchester

Township of

or Inc. Town of Washalls

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 21989 - For State Registrar Only

21989

Registration District No. 3, D. C.

Registered No. 480
(For use of Local Registrar)

(No. St.) Ward)

(3) SEX OF CHILD Y (4) Type of Twin yes (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH July 14 1923 (8) If child is not yet named, make supplemental report as directed

(9) FULL NAME OF FATHER Lee Reed (10) PRESENT POSTOFFICE OF FATHER Washalls (11) COLOR OF RACE white (12) BIRTHPLACE OF FATHER Dorchester (13) OCCUPATION OF FATHER Cotton Mill (14) NAME BEFORE MARRIAGE OF MOTHER Lessa Gillispie (15) PRESENT POSTOFFICE OF MOTHER Washalls (16) COLOR OF RACE white (17) AGE AT LAST BIRTHDAY OF MOTHER 26 (18) BIRTHPLACE OF MOTHER Dorchester (19) OCCUPATION OF MOTHER Housewife (20) Number of children born to mother, including present birth 6 (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 ... white ... female ... born alive or stillborn (How A. M. or P. M.) on the date above stated.

(23) (Signature) Henry D. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Washalls

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Date July 14 1923 (28) Registrar Pauline Reed

*When there was no attending physician or midwife, when 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.