

## (1) PLACE OF BIRTH

County of Lexington  
 Township of 11

OF  
 Inc. Town of 11

City of 11 (No. ....) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

33065

Registration District No. 3109 Registered No. 110

(2) Full Name of Child Wallace Lee Redd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Willbur B. Redd

(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Lexington S.C.

(13) OCCUPATION Clark

(14) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Sallie Lorick

(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Lexington S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. M. White  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Lexington S.C.

Even name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 11.19.1923 (27) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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