

1) PLACE OF BIRTH

County of Orangeburg

Township of City

City of Orangeburg

St. of Orangeburg

Full Name of Child Lin Wood Reed

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

No. for State Registrar Only
22053

Registration District No. 264 Registered No. 124
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

BOY OR GIRL? Boy (1) Sex or Triplet — (2) Number in order of birth — (3) Are Parents Married? Yes (4) DATE OF BIRTH July 5 1923
(Month) (Day) (Year)

FATHER.
FULL NAME Ernest Eugene Wood
PRESENT POSTOFFICE OF FATHER Orangeburg
COLOR OR RACE White (5) AGE AT LAST BIRTHDAY 34
BIRTHPLACE Ohio
OCCUPATION Car Driver
Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Anna Myers
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(18) BIRTHPLACE Ohio
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 10:4 AM.
on the date above stated. (Born alive or stillborn) (Born dead, or P. M.)

(22) (Signature) L. C. Sheen (23) Address of Physician or Midwife Orangeburg
(24) State whether MD

Name added from a supplemental report
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19.....
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Aug 12 1923 (27) W. H. Dukes 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.

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