

MARGIN RESERVED FOR BINDING.
WHITE 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 make the
FIRSTBORN, No. 1, THE OTHER, No. 2, etc. In question 6

(1) PLACE OF BIRTH

County of Essex ...
Township of
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

18412

Registration District No. 1793 Registered No. 77
(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.)

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

3 BOY OR GIRL girl 4 Twin or Triplet? 5 Number in order of birth 6 Are Parents Married? yes 7 DATE OF BIRTH May 8, 1922
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

8 FULL NAME George Shipper
9 PRESENT POSTOFFICE OF FATHER St. George S.C.
10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 35 (Years)
12 BIRTHPLACE S.C.
13 OCCUPATION farmer
14 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE Essie Bell
15 PRESENT POSTOFFICE OF MOTHER St. George S.C.
16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 14 (Years)
18 BIRTHPLACE S.C.
19 OCCUPATION domestic service
20 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 at
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Lucy Harrison
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. George S.C.

Given name added from a supplement-
tal report

(26) Witness Arthur Harrison
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed July 5, 1922 (28) M. B. R. O. S. 1922
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.