

(1) PLACE OF BIRTH

County of Porter  
 Township of Long  
 OR  
 Inc. Town of Casley  
 OR  
 City of Casley

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

File No.—For State Registrar Only  
**31784**

Registration District No. 27-2 Registered No. 132  
 (For use of Local Registrar)

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

(2) Full Name of Child O. L. Lippins  
 (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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 1 1922  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME O. L. Lippins (14) NAME BEFORE MARRIAGE Edna B. Lippins  
 (9) PRESENT POSTOFFICE OF FATHER Long 06 (15) PRESENT POSTOFFICE OF MOTHER Long 06  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
 (12) BIRTHPLACE Porter (18) BIRTHPLACE Porter  
 (13) OCCUPATION Farmer (19) OCCUPATION Domestic

(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 Alive at Long on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. W. A. Lippins (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley, S. C.

Given name added from a supplemental report

(26) Witness Dr. W. A. Lippins (Signature of Witness necessary when question 23 is signed) (27) Filed Oct 3 1922 (28) Dr. W. A. Lippins 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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