

(1) PLACE OF BIRTH

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

No. 20901

County of Greenville
City of Greenville
Registration District No. 20-A Registered No. 202
(For use of Local Registrar)
City of Greenville St. 1 Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Kenneth Shipman

Sex Male (3) Date of Birth July 16, 1923
(4) Time or Triplet Yes (5) Number in order of birth 1
(6) Age of Parent 35 (7) Date of Birth July 16, 1923
(8) Name of Mother Mary Munn

(9) Full Name of Father James P. Shipman
(10) Present Postoffice of Mother Greenville

(11) Color or Race White (12) Age at Last Birthday 36
(13) Color or Race White (14) Age at Last Birthday 33

(15) Birthplace Greenville, S.C.
(16) Occupation Housewife

(17) Number of children of this mother now living, including present birth 3

(18) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(20) (Signature) M. H. H. H. H.
(21) State whether Physician or Midwife Physician (22) Address of Physician Greenville, S.C.

Given name added from a supplemental report

(23) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(24) Date July 20, 1923 (25) Local Registrar P. H. Bushaw

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.