

11/13/23

(1) PLACE OF BIRTH
County of Upstate
Township of Blount
Inc. Town of Blount
City of Blount

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

File No. - For State Registrar Only
30149

Registration District No. 4000 Registered No. 117
(For use of Local Registrar)

(No. 64 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

(2) Full Name of Child Russell James Long Shipman

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) SEX Male (7) DATE OF BIRTH Sept 10 1923
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME Edd Shipman
(9) PRESENT POSTOFFICE OF FATHER Cypress SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Blount SC
(13) OCCUPATION Mill work
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE May Wilson
(15) PRESENT POSTOFFICE OF MOTHER Russell
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE Blount
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Blount M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

Given name added from a supplemental report
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19 1923 Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(26) Filed 15 1923 (27) Local Registrar [Signature]

*When there was no attending physician or midwife, then the father, householders, 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.

Form 10-2-23-1 FIRST-BORN, No. 1. TWIN OTHER, No. 2. etc. In question 1