

## (1) PLACE OF BIRTH

County of CharlottesvilleTownship of CharlottesvilleInc. Town of CharlottesvilleCity of Charlottesville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20199

Registration District No. 1-5-25Registered No. 54  
(For use of Local Registrar)

## (2) Full Name of Child

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

3 BOY OR GIRL Boy

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 8 22  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME John Chasman Tipton9 PRESENT POSTOFFICE OF FATHER Charlottesville, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE Charlottesville, S.C.(13) OCCUPATION College Grad. Lectr.(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Rebecca Isaac(15) PRESENT POSTOFFICE OF MOTHER Charlottesville, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 36  
(Year)(18) BIRTHPLACE Lawrence Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was above at 2:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charlottesville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 8 1922(28) C. D. Hanna  
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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