

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Georgetown
Township of 7th
or
Inc. Town of Radcliff
or
City of

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

No. — For State Registrar Only
28392

Registration District No. 7103

Registered No. 118
(For use of Local Registrar)

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

(2) Full Name of Child Robert Pipkin

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>4</u>	(7) DATE OF BIRTH <u>Sept 24 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Lorena Pipkin</u>			(10) NAME BEFORE MARRIAGE <u>My Terry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Radcliff SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Radcliff SC</u>	
(12) COLOR OR RACE <u>White</u>			(13) COLOR OR RACE <u>White</u>	
(14) BIRTHPLACE <u>Georgetown Conf SC</u>			(15) BIRTHPLACE <u>Georgetown Conf SC</u>	
(16) OCCUPATION <u>Section foreman S.A. & R.</u>			(17) OCCUPATION <u>Domestic</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 3:09 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(21) (Signature) Lorena Pipkin
(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Radcliff SC

Given name added from a supplemental report

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

(25) Filed Sept 29 1923 (26) Herb Bailey 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.

REGISTRAR

(27) Filed Sept 20 1923 (28) Herb Bailey Local Registrar

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