

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3337

Registration District No. 10.0.1

Registered No. 6
(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 Margaret Gayline Lipsy child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 7, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burrhan Lipsy(9) PRESENT POSTOFFICE OF FATHER Laurel S.C.H.H.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ennis Harris(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE same (17) AGE AT LAST BIRTHDAY 40
(Year)(18) BIRTHPLACE Cherokee Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Rinday Davis
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Laurel S.C.H.H.

Given name added from a supplemental report

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

(26) March 9, 1923 (27) 7:11:23 Harris
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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