Form No. 1

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36048

(1) PLACE OF BIRTH

County of Pickens

Township of .....
or
Inc. Town of .....
or
City of Easley

Registration District No. 37-a Registered No. 148
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 Oct. 12, 1922 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Luther A. Tippins | (14) NAME BEFORE MARRIAGE | Elvita Hamondtree |
| (9) PRESENT POSTOFFICE OF FATHER | Easley, S. C. | (15) PRESENT POSTOFFICE OF MOTHER | Easley, S. C. |
| (10) COLOR OR RACE | W. | (16) COLOR OR RACE | W. |
| (11) AGE AT LAST BIRTHDAY (Years) | 50 | (17) AGE AT LAST BIRTHDAY (Years) | 27 |
| (12) BIRTHPLACE | Ga. | (18) BIRTHPLACE | Ga. |
| (13) OCCUPATION | Photographer | (19) OCCUPATION | Housewife |
| (20) Number of children born to mother, including present birth | 3 | (21) Number of children of this mother now living, including present birth | 3 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. F. Wyatt, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct. 12, 1922 (28) E. F. Wyatt
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 be reported as stillborn. No report is desired of stillbirths [illegible] the fifth month of pregnancy.

McCAW OF COLUMBIA, COLUMBIA, S. C.