

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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 5.

MCCRAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Gaffney  
 or  
 Inc. Town of SE  
 or  
 City of RS

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25294

Registration District No. 10 aRegistered No. 176  
(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

Murrell May Lipscomb

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

(3) BOY-OR-GIRL? <u>GIRL</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>28</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug. 3, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Marshall Lipscomb</u>			(14) NAME BEFORE MARRIAGE <u>Blas K. Ford</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S.C.</u>	
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>genl house work</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lucinda Watkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness midwife Gaffney, S.C.  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 11, 1922 (28) M. J. Smith  
 Registrar 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.