

(1) PLACE OF BIRTH

County of Marion
 Township of Blair
 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

41705

Registration District No. 3745Registered No. 92
 (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

Esther Mae Lipson

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

(1) SEX <u>GIRL</u>	(4) Type or Triple	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 9, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Willie Marion</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Sarah</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols SC</u>	
(10) COLOR OR RACE <u>N. Y. W.</u>	(11) AGE AT LAST BIRTHDAY <u>47</u>	(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>27</u>	
(16) BIRTHPLACE <u>Greenville NC</u>			(17) BIRTHPLACE <u>Greenville SC</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on 11.4 M.,
 on the date above stated. (Defective or stillborn) Hour A. M. or P. M.)

(23) (Signature) James D. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed "mask")(27) Filed 7/17-1923(28) Dr. Williams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
 before the fifth month of pregnancy.