

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of 14  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**40164**

Registration District No. 1913 Registered No. 99  
 (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 Jordan Lee M. Lipscomb If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Type of Infant To be answered only in case of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 23 1924  
 (Name-Month) (Day) (Year)

FATHER  
 (8) FULL NAME Julian L. Lipscomb  
 (9) PRESENT POSTOFFICE OF FATHER Minorsboro, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)  
 (12) BIRTHPLACE Miss.

(13) OCCUPATION Miss. Office work  
 (14) Number of children born to mother, including present birth 1 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Hester Johnston  
 (15) PRESENT POSTOFFICE OF MOTHER Minorsboro, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)  
 (18) BIRTHPLACE Boston, Mass.

(19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was boy born at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(22) (Signature) Saul E. ...  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Minorsboro, S.C.

Given name added from a supplemental report

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

(26) Filed Jan 10 1925 (27) J. H. ... 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.