

File No. — For State Registrar only  
48445

County of Shenandoah  
Township of Simons  
or  
Inc. Town of Goffney Registration District No. 10a Registered No. 18  
OF  
City of Goffney (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie Lipscomb If child is not yet named, make supplemental report as directed

(1) SEX OR GRL? Male (4) Twin Single (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11  
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Albert S. Lipscomb (9) PRESENT POSTOFFICE OF FATHER Goffney, Va. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (12) BIRTHPLACE Shenandoah Co. Va. (13) OCCUPATION merchant  
MOTHER: (14) NAME BEFORE MARRIAGE Etta Webb (15) PRESENT POSTOFFICE OF MOTHER Goffney, Va. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (18) BIRTHPLACE Rutherford Co. Va. (19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was alive, at 8 2 M., on the date above stated. (Born alive or stillborn) (A. M. or P. M.)  
(23) Signature J. J. Preschitt  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report  
(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)  
(27) Date 2/13 (28) M. J. Smith 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 in time that he reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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