

(1) PLACE OF BIRTH

County of Spokane
 Township of Carroll
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 37714
 Registered No. 142
 (For use of Local Registrar)

Registration District No. 4006

Registered No. 142
 (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 Paul Lipscomb

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

(3) SEX OF CHILD Boy (4) Type Normal (5) Number in order of birth 1st (6) Are there twins? yes (7) DATE OF BIRTH 11-2-23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Calvin Lipscomb (9) PRESENT POSTOFFICE OF FATHER Trough, S.C. (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 44 (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 16

MOTHER. (14) NAME BEFORE MARRIAGE Minnie Logan (15) PRESENT POSTOFFICE OF MOTHER Trough, S.C. (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 38 (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife (20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (22) (Signature) W. L. Ruppel (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Carroll, 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 Dec. 13, 1923 (27) Local Registrar M. W. Brown

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.

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