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 6.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
13018

(1) PLACE OF BIRTH
County of Berkeley
Township of 1st St. John
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. ..... Registered No. 25
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Viola Flipsney — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		No	May 15, 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Oliver Flipsney	(14) NAME BEFORE MARRIAGE	[illegible]
(9) PRESENT POSTOFFICE OF FATHER	Not known	(15) PRESENT POSTOFFICE OF MOTHER	Macbeth
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	[illegible]	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	[illegible]	(18) BIRTHPLACE	[illegible]
(13) OCCUPATION	Not [illegible]	(19) OCCUPATION	[illegible]
(20) Number of children born to mother, including present birth	[illegible]	(21) Number of children of this mother now living, including present birth	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary [illegible]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed [illegible] 19 .... (28) [illegible]
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.