

WRITE PLAINLY. WITH A SPACING. INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER. No. 2, etc. in question 1.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Gaffney  
 Inc. Town of Gaffney  
 City of Gaffney  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 3311—For State Registrar Only

Registration District No. 10A Registered No. 42  
 (For use of Local Registrar)  
 (No. Robinson St. Ward)

(2) Full Name of Child

Robert Lipscomb

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

(3) SEX OR GENDER Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 23 (7) DATE OF BIRTH Feb 13 1923  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Merchard Lipscomb  
 (9) PRESENT POST OFFICE OF FATHER Gaffney S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Spartanburg S.C.  
 (13) OCCUPATION Shoe Worker  
 (14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Emily Pearson  
 (16) PRESENT POST OFFICE OF MOTHER Gaffney S.C.  
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 23  
 (19) BIRTHPLACE Cherokee Co S.C.  
 (20) OCCUPATION Domestic  
 (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, born at Gaffney S.C. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lipscomb  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Witness F. Smith  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 Date Feb 10 1923 (26) and F. Smith  
 Local Registrar