

File No.—For State Registrar Only
19785

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

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orange
OR
Inc. Town of.....
OR
City of.....

Registration District No. 3613 Registered No. 65
(For use of Local Registrar)
(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL 2 (4) Twin or Triplet Twins (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH June 6, 1927
(Name of Month) (Day) (Year)
To be answered only in case of Twin or Triplet

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Mrs. M. E. Lippert</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Orangeburg, S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Orangeburg, S.C.</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Homemaker</u>
(20) Number of children born to mother, including present birth	<u>8</u>	(21) Number of children of this mother now living, including present birth	<u>8</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was black at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Laura M. Lippert
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Date June 7, 1927 (28) A. L. Lippert Local Registrar

If there was no attendance by a physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths occurring within the first month of pregnancy.

NOTES: (1) IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD AND MARK THE CHILD'S NUMBER. (2) IN CASE OF TWINS OR TRIPLETS, NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 2.