

Form No. 1

(1) PLACE OF BIRTH

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

No. for State Registrar only
41036

County of

Township of

or
Inc. Town of

or
City of

Registration District No. **2478** Registered No. **128**
(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 **Bessie Pearl Skipper** If child is not yet named, make supplemental report as directed

(a) SEX ONLY	(b) Type of Triplet	(c) Number in order of birth	(d) Are Twin Married	(e) DATE OF BIRTH (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			Feb. 23 1923

FATHER.

(8) FULL NAME **William D. Skipper**

(9) PRESENT POST OFFICE OF FATHER **Richland**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **35** (Year)

(12) BIRTHPLACE **Richland**

(13) OCCUPATION **Farmer**

(14) Number of children born to mother, including present birth **3**

MOTHER.

(14) NAME BEFORE MARRIAGE **Star Goodson**

(15) PRESENT POST OFFICE OF MOTHER **Richland**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **23** (Year)

(18) BIRTHPLACE **Richland**

(19) OCCUPATION **Housewife**

(20) 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 **Bessie Pearl Skipper** (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) **James H. Skipper**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Richland S.C.

Give name added from a supplemental report

(26) Whom (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **Jan. 12 1923** (28) **J. H. Williamson** Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.