

WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 2, of Columbia.

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

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Dryden
 or Inc. Town of Dryden
 or City of Dryden (No. 4008 Ward 389)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—for State Registrar Only
42985

Registration District No. 4008 Registered No. 389
 (For use of Local Registrar)

(2) Full Name of Child Cornelius R. Lipscomb
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u> Boy </u>	(4) Twin or Triplet? <u> No </u>	(5) Number in order of birth <u> 1st </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> 10 4 23 </u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u> Cornelius R. Lipscomb </u>		(14) NAME BEFORE MARRIAGE <u> Annie McPorter </u>		
(9) PRESENT POSTOFFICE OF FATHER <u> Dryden Mills S.C. </u>		(15) PRESENT POSTOFFICE OF MOTHER <u> Dryden S.C. </u>		
(10) COLOR OR RACE <u> W </u>	(11) AGE AT LAST BIRTHDAY <u> 23 </u> (Years)	(16) COLOR OR RACE <u> W </u>	(17) AGE AT LAST BIRTHDAY <u> 20 </u> (Years)	
(12) BIRTHPLACE <u> W.C. </u>		(18) BIRTHPLACE <u> W.C. </u>		
(13) OCCUPATION <u> Laborer </u>		(19) OCCUPATION <u> Nurse J.K. </u>		
(20) Number of children born to mother, including present birth <u> one </u>		(21) Number of children of this mother now living, including present birth <u> one </u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was male at 2 P.M. on the date above stated.
 (Born alive or stillborn) (How long or P.M.)

(23) (Signature) W. J. Lipscomb
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
 102 S. Main St.

Given name and address of a supplement-
 al report
 6/10/43
 M. D. Dr. - M. D.
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 Mrs. E. J. Parson
 Local Registrar

(27) Filed 1-1-1924 (28)

*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 15th month of pregnancy.