

## (1) PLACE OF BIRTH

County of CherokeeTownship of Morganor  
Inc. Town of  
or  
City of

(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

File No.—For State Registrar Only

71924

Registration District No. 1004 A Registered No. 41

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Watt Lipscomb(9) PRESENT POSTOFFICE OF FATHER Thickety, S.C.(10) COLOR OR RACE Negr (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Luba Lyra(15) PRESENT POSTOFFICE OF MOTHER Thickety S.C.(16) COLOR OR RACE Negr (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Cora T. Parkins(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Thickety, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness Boyd Gardner  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 17 1916 (28) J. Gardner  
Local Registrar.

MARGIN RESERVED FOR BINDING.

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 5. McCaw, of Columbia.

\*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.