CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 38146

(1) PLACE OF BIRTH

County of Dorchester

Township of .....
or
Inc. Town of .....
or
City of .....

Registration District No. 1703 Registered No. 77
(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 Esther Lee Skippper

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 8th 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Skippper

(9) PRESENT POSTOFFICE OF FATHER St. George S. C.

(10) COLOR OR RACE Col'd

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION farm laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Bell

(15) PRESENT POSTOFFICE OF MOTHER St. George

(16) COLOR OR RACE Col'd

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION domestic service

(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 alive (Born alive or stillborn) at 3 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucy Harrison

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: St. George S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness Bitty Simmons
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 5th 1922 (28) ..... Local Registrar.

*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.

Made by Columbia, S. C.
WHITE PLAINLY, WITH INDELIBLE INK. PRINTED IN A PROHIBITIVE SECTION.
N. B.—In case of TWIN OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-BOOK, No. 1, THIRD COPYBOOK, No. 2, etc., in the Association S.