

(1) PLACE OF BIRTH

County of Harry
 Township of Grub
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Use
42995

Registration District No. 154

Registered No. 121
 (For use of Local Registrar)

City of (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lore Pippo
 (9) PRESENT POSTOFFICE OF FATHER Tabor N.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE Harry Co S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Debie Pippo
 (15) PRESENT POSTOFFICE OF MOTHER Tabor N.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE Harry Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. Winnie Dodge Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Winnipeg Lans DC

Given name added from a supplemental report

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

(27) Filed Dec 29 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.