

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2
 Record of Occurrence, Carolina, 1923.

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 Inc. Town of —
 or
 City of —

CERTIFICATE OF BIRTH

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

No. 34771—For State Registrar Only

Registration District No. 519 Registered No. 111
 (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 Just Allen Shipes

(3) SEX OR MALE (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 11 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME Just John Shipes
 (9) FATHER'S PRESENT RESIDENCE OF FATHER Barnwell
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION Farmer

(14) MOTHER'S NAME BEFORE MARRIAGE Addie Still
 (15) MOTHER'S PRESENT RESIDENCE OF MOTHER Barnwell
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 y. on the date above stated. (born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) D. H. Hays
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 1 1923 (28) U. H. Hays 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.

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