

PLACE OF BIRTH

City of Beaufort

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

File No. — For State Register Only
2941

County of

In Town of Registration District No. 600 Registered No. 4
(For use of Local Registrar)

City of Beaufort (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 James Johnson Zippner If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) TYPE Normal (5) Number in order of birth 1st (6) Parents Married Yes (7) DATE BIRTH Feb 3 1923
(Age of Month) (Day) (Year)

FATHER
(8) FULL NAME Donald Allen Zippner

MOTHER
(14) NAME Edith Catherine Zippner

(9) PRESENT POSTOFFICE OF FATHER Seabrook SC

(15) PRESENT POSTOFFICE OF MOTHER Seabrook SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Effingham Co Ga

(18) BIRTHPLACE Savannah Ga

(13) OCCUPATION Farmer

(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 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, born at Beaufort on the date above stated. (born alive or stillborn) (Date M. or P. M.)

(23) (Signature) W. D. Ryan, Jr.
(24) State of South Carolina (25) Profession of Physician

Give name added from a supplemental report

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

(27) Date Feb 11 1923 (28) W. D. Ryan, Jr.

When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as possible after the birth of the child, and it should be recorded as stillborn. No report is desired of a child born alive and then stillborn within the first month of pregnancy.

Before the next month of pregnancy.