

(1) PLACE OF BIRTH

County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only
12308

Registration District No. 4207 Registered No. 37
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>4-24-23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>H. S. Shipe</u>			(14) NAME BEFORE MARRIAGE <u>Corra B. French</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>53</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Union S.C.</u>	
(13) OCCUPATION <u>Cotton mill work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed 5 10 23(28) J. J. Aron 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.

*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.