

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

14291

County of .....

Township of .....

Inc. Town of *Ninety Six, S.C.*

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James Williams Lipscomb, Jr.*

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

(1) SEX OR CHILD *Boy* (2) Type or Temper *Phlegmatic and kind* (3) Number in order of birth *Two* (4) DATE OF BIRTH *May 25, 1923*

FATHER.

MOTHER.

(1) FULL NAME *James Williams Lipscomb*

(1) FULL NAME *Levinia Matthews*

(2) PRESENT RESIDENCE OF FATHER *High Point, N.C.*

(2) PRESENT RESIDENCE OF MOTHER *High Point, N.C.*

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

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

(12) BIRTHPLACE

(12) BIRTHPLACE

*Ninety Six, S.C.*

*Saluda, Co. S.C.*

(13) OCCUPATION

(13) OCCUPATION

*Machinist*

*House wife*

(14) Number of children born to mother, including present birth *Three*

(14) Number of children of the mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *10:30 A.M.*

(26) (Signature) *C. H. Blake, M.D.*

(26) State whether Physician or Midwife *Physician* (27) Address of Physician or Midwife *Greensboro, S.C.*

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(29) Filed *June 9, 1923* (30) *W. C. Williams* 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.

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.