

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

File No. For State Registrar Only
32832

(1) PLACE OF BIRTH

County of Abbeville

Township of Longplane

or Inc. Town of _____

or City of _____

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

Registration District No. 107

Registered No. 5-4
(For use of Local Registrar)

(2) Full Name of Child

Helen Irene Shippard

St.; _____ Ward)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James M. Shippard

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. - R. 78 - 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Henderson, Co. N.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Eula Simpson

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R. 78 - 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Abbeville Co. S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 16 22 (28) E. R. Miller 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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FORM NO. 3. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5. McCraw of Columbia.