

Form No 1.

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Butler  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1891

Registration District No. 2202 Registered No. 1

(For use of Local Registrar)

City of ..... (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

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

(3) BOY OR GIRL Boy (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH Jan 5  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Lipscomb  
 (9) PRESENT POSTOFFICE OF FATHER Greenville RFD  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Greenville Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Zadie Hendrix  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville RFD  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Greenville Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cherry Means  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. E. Whitcomb

Given name added from a supplemental report

(26) Witness W. E. Whitcomb  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 8 1911 (28) W. E. Whitcomb  
 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.

MARGIN RESERVED FOR FINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 Care of Columbia