

(1) PLACE OF BIRTH

County of OconeeTownship of Lawson

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2174No. 37028Registered No. 153
(For use of Local Registrar)(2) Full Name of Child Sara A. Lippie

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

(a) SEX <u>Female</u>	(b) Age <u>11</u>	(c) Date of Birth <u>Oct 14</u>	(d) Time of Birth <u>2:30</u>
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FATHER		MOTHER	
(1) NAME <u>Jake Lippie</u>	(1) NAME <u>Mamie Mann</u>	(2) NAME <u>Jessie Lippie</u>	(2) NAME <u>Jessie Lippie</u>
(3) COLOR <u>white</u>	(3) AGE <u>47</u>	(3) COLOR <u>white</u>	(3) AGE <u>41</u>
(4) RESIDENCE <u>Pickens County</u>	(4) RESIDENCE <u>Pickens County</u>	(4) RESIDENCE <u>Pickens County</u>	(4) RESIDENCE <u>Pickens County</u>
(5) OCCUPATION <u>Farmer</u>	(5) OCCUPATION <u>Wife</u>	(5) OCCUPATION <u>Wife</u>	(5) OCCUPATION <u>Wife</u>
(6) Number of children born to mother, living present <u>1</u>	(6) Number of children born to mother, living present <u>1</u>	(6) Number of children born to mother, living present <u>1</u>	(6) Number of children born to mother, living present <u>1</u>

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Date given as stillborn) (Day A. M. or P. M.)(29) (Signature) J. L. Lippie(30) State whether Physician or Midwife Physician(31) Address of Physician or Midwife Jessie Lippie

Given name added from a supplemental report

(32) Name <u>Garnie Lippie</u>	(32) Date <u>Jan 25</u>
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(33) Witness (Signature of Witness necessary only when question is as to date of birth)

(34) Filed 11/10/23 (35) Local Registrar J. L. Lippie

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.