

(1) PLACE OF BIRTH

County of PiedmontTownship of LibertyOR
Inc. Town ofOR
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. 3705

File No.—For State Registrar Only

1984499

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Laurie Shipman

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

6 4 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W.C. Shipman

(9) PRESENT POSTOFFICE OF FATHER

Liberty, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Farmer

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

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Susie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Liberty, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Liberty, S.C.

(19) OCCUPATION

Housewife

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

1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 8, 1922(28) John T. Boyce

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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