

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3803

Registration District No. 17.1.3. Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child

Do not know

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam W Kiper

(9) PRESENT POSTOFFICE OF FATHER

St George 2c

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

St George 2c

(13) OCCUPATION

Farmer

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

16

MOTHER.

(14) NAME BEFORE MARRIAGE

Kathie Peters

(15) PRESENT POSTOFFICE OF MOTHER

St George 2c

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

St George 2c

(19) OCCUPATION

House wife

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was at 5 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Johnston

(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 22 is signed by mark)

19

(27) Filed Mar. 5 1923

(28) 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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