

(1) PLACE OF BIRTH

County of Spaulding
Township of Woodruff

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16819

Inc. Town of Registration District No. 4009 Registered No. 59
(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 Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May, 12, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. E. Hippi(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Anderson(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Workman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phyg Woodruff

Given name added from a supplemental report

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

(27) Filed June 22, 22 (28) Chas L. Boyler 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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