

(1) PLACE OF BIRTH

County of Orange
 Township of San
 Inc. Town of
 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

File No. - For State Registrar Only

3911

Registration District No. 21.00 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Juan R. L. Lippert

(1) BOY OR GIRL Girl (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH Feb 22, 1923
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME John L. Lippert
 (7) PRESENT POSTOFFICE OF FATHER
 (8) COLOR OR RACE Caucasian (9) AGE AT LAST BIRTHDAY (Years)
 (10) BIRTHPLACE
 (11) OCCUPATION

MOTHER.

(12) NAME BEFORE MARRIAGE Rosa Lippert
 (13) PRESENT POSTOFFICE OF MOTHER Orange
 (14) COLOR OR RACE Caucasian (15) AGE AT LAST BIRTHDAY (Years) 19
 (16) BIRTHPLACE Orange
 (17) OCCUPATION Housewife
 (18) Number of children of this mother now living, including present birth 1

(19) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) J. L. Lippert (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Orange, S.C.

(24) Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. D. Hutchinson
 (26) Filed March 6, 1923 (27) E. D. Hutchinson 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.

REMARKS: RECORDED FROM MINIMUM. WRITE PLAINLY IN INK. THIS IS A PREPARATORY BLANK FOR MALE CHILD, and mark the sex of child on the appropriate line. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the sex of each child on the appropriate line. FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.