

USE OF THIS FORM FOR TWINS OR TRIPLETS OR SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
 County of Beaufort
 Township of Sheldon
 Inc. Town of.....
 City of..... (No.St.;Ward)
 (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

No. 31848 X
 Registered No. 119
 (For use of Local Registrar)

Registration District No. 60319

(2) Full Name of Child William Nipp Jr. If child is not yet named, make supplemental report as directed

(3) Sex Boy (4) To be covered only in event of Twins or Triplets Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 28, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Nipp
 (9) PRESENT POSTOFFICE OF FATHER Sheldon 20
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 39 (Year)
 (12) BIRTHPLACE Beaufort Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Early Paul White
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon 20
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE Sheldon 20
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Philo Hamilton
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filled (27) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign.
 If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.