

(1) PLACE OF BIRTH

County of Oregon
 Township of Ellen
 OF
 Inc. Town of
 OF
 City of

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

Registration District No. 3605

No. - For State Registrar Only
4811

Registered No. 19
 (For use of Local Registrar)

(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 Kathy Sue Hipp 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 5 (6) Are Parents Married yes (7) DATE OF BIRTH 2/2/12
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Oniel Hipp
 (9) PRESENT POSTOFFICE OF FATHER Ellen SC.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE SC. (Nashbury Co.)
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth five

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Ruth Boothhardt
 (15) PRESENT POSTOFFICE OF MOTHER Ellen SC.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
 (18) BIRTHPLACE SC. (only Co.)
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. William Cooper

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Ellen SC.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Feb 26 19 12 (28) Feeder 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 desired of stillbirths before the fifth month of pregnancy.

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