

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17583

Registration District No. 400 Registered No. 83  
(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 Marion Sybil Kiper  
(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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1922  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Wm. H. Kiper

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Teacher

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

MOTHER.  
(14) NAME BEFORE MARRIAGE Ethel Patrick

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Teacher

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... at 9 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature] (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 23 is signed by mark)

(27) Filed 7-1-22 (28) John G. [Signature] 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.