

(1) PLACE OF BIRTH

County of Spokane
Township of Cherokeeor
Inc. Town ofor
City ofCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
19171Registration District No. 440-2-BRegistered No. 32
(For use of Local Registrar)(No. 84) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(1) Full Name of Child Chas. L. HippIf child is not yet named, make
supplemental report as directed(2) SEX OF
CHILDBoy(3) Twin
or Triplet

To be answered only in event of Twin or Triplet

(4) Number in
order of birth(5) Are
Parents
MarriedYes

(6) DATE OF

BIRTH Apr 27 1923
(Month) (Day) (Year)

MOTHER

(7) FULL
NAMERalph Hipp(8) PRESENT
POSTOFFICE
OF FATHERCherokee R 2(9) COLOR
OF
HAIRWhite(10) AGE AT LAST
BIRTHDAY36
(Years)

(11) BIRTHPLACE

NC

(12) OCCUPATION

Farmer(13) NAME BEFORE
MARRIAGEMa Hall(14) PRESENT
POSTOFFICE
OF MOTHERCherokee R 2(15) COLOR
OF
FACEWhite(16) AGE AT LAST
BIRTHDAY37
(Years)

(17) BIRTHPLACE

(18) OCCUPATION

Domestic(19) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(21) (Signature)

W. J. Spill

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Physician Spokane R 2Given name added from a supplement-
al report

(24) Witness

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

(25) SIGNED

June 19 23W. W. Painter
Local RegistrarWhen there was no attending physician or midwife, 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.