Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17112

(1) PLACE OF BIRTH

County of Spartanburg

Township of Beech Springs

or
Inc. Town of ..... Registration District No. 40 C. Registered No. 75 (For use of Local Reistrar)

or
City of ..... (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. Alfred Chapman Hipps. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy	To be answered only in event of Twins or Triplets	11	yes	May 15, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J. E. Hipps.	(14) NAME BEFORE MARRIAGE Leitha Ballew
(9) PRESENT POSTOFFICE OF FATHER Inman R 3	(15) PRESENT POSTOFFICE OF MOTHER Inman R 3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Greenville Co.	(18) BIRTHPLACE Madison Co., N. C.
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth } 11	(21) Number of children of this mother now living, including present birth } 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. J. Chapman M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed May 22 1915 (28) E. A. Capers. 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.