FORM NO. 5.
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.
N. McCaw, of Columbia.

MARGIN RESERVED FOR BINDING.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37947

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of ..... Registration District No. 1-A Registered No. 114
(For use of Local Reistrar)
or
City of Abbeville (No. North Main St.; 1st Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irene Hipp — 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
Girl	To be answered only in event of Twins or Triplets		Yes	Nov. 2nd 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Mac Bee Hipp	(14) NAME BEFORE MARRIAGE Mary Hunter Little
(9) PRESENT POSTOFFICE OF FATHER Abbeville S C	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Clinton, S C	(18) BIRTHPLACE Clinton S C
(13) OCCUPATION Merchant	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H Power M. D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Abbeville S C

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 Oct 9th 1915 (28) [illegible] 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.

McCaw.
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