

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63149

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Philip Acherus Givins

If child is not yet named, make supplemental report as directed

(3) BOY or GIRL? Boy	(4) Twin or Triplet? -	(5) Number in order of birth To be answered only in event of Twins or Triplets -	(6) Are Parents Married? Yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year) June 5-6
-------------------------	---------------------------	--	---------------------------------	---

FATHER.

(8) FULL NAME
L. E. Givins

(9) PRESENT POSTOFFICE OF FATHER
Elko, S.C.

(10) COLOR OR RACE
White

(11) AGE AT LAST BIRTHDAY
33 (Years)

(12) BIRTHPLACE
S.C.

(13) OCCUPATION
Farmer

(16) Number of children born to mother, including present birth
8

MOTHER.

(14) NAME BEFORE MARRIAGE
Ria Marie Givins

(15) PRESENT POSTOFFICE OF MOTHER
Elko, S.C.

(16) COLOR OR RACE
White

(17) AGE AT LAST BIRTHDAY
27 (Years)

(18) BIRTHPLACE
S.C.

(19) OCCUPATION
Housewife

(21) Number of children of this mother now living, including present birth
4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Paul C. Phillips, 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 June 8, 1916 (28) E. S. Hammond 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.

WHILE PLAINLY, WITH CAREFUL HANDS—THIS IS A PREPARED FORM.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and read the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

McMAY, of Columbia.