

(1) PLACE OF BIRTH

County of HarryTownship of Brushyor
Inc. Town ofor
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

64825

Registration District No. 1506Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child. Hubber Malay Phipps

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 22 1916</u>
FATHER.			MOTHER.	

(8) FULL NAME <u>Perry Phipps</u>	(14) NAME BEFORE MARRIAGE <u>Catherine Turner</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Lauris R 35</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lauris R 35</u>
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(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
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(12) BIRTHPLACE <u>Harry Co. S.C.</u>	(18) BIRTHPLACE <u>Harry Co S.C.</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
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(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 Am. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Miss Francis H. Hodge(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Lauris R 35

Given name added from a supplemental report

(26) Witness K. H. Hodge (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 27 1916 (28) S. D. Bryant 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.

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.