

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

File No.—For State Registrar Only
64825

(1) PLACE OF BIRTH

County of Horry
 Township of Green Sea
 or
 Inc. Town of
 or
 City of

Registration District No. 1506 Registered No. 42
 (For use of Local Registrar)
 (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 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> <small>To be entered only in case of twins or triplets.</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Perry Phipps</u>		(14) NAME BEFORE MARRIAGE <u>Catherine Turner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lauris R 35</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lauris R 3-58</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Horry Co. S.C.</u>		(18) BIRTHPLACE <u>Horry Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
(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>		

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) Mina F. Francis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lauris R 35

Given name added from a supplemental report
, 191.....
 Registrar

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

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.
 W. of Columbia

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.