

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b>		File No. — For State Registrar Only <b>76217</b>	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA.			
Township of <u>Morgan</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>1004</u>		Registered No. <u>46</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Boyce Lee Phillips</u>				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>2</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 2 1916</u>	
FATHER.					
(8) FULL NAME <u>Corbett Lee Phillips</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. R.F.D. 7</u>					
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(12) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Farmer</u>					
(20) Number of children born to mother, including present birth { ..... <u>2</u> .....					
MOTHER.					
(14) NAME BEFORE MARRIAGE <u>Daisy Lentell</u>					
(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S.C. R.F.D.</u>					
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(18) BIRTHPLACE <u>North Carolina</u>		
(19) OCCUPATION <u>Housework</u>					
(21) Number of children of this mother now living, including present birth { ..... <u>1</u> .....					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>4:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy Hollis</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Gaffney S.C. #7</u>					
(26) Witness <u>Boyce Gardner</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Sept 9 1916</u> (28) <u>J. Gardner</u> Local Registrar					
Given name added from a supplemental report ..... 191..... ..... 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.