

Form No 1.

(1) PLACE OF BIRTH

County of HorryTownship of Simple, Son Creek

or

Inc. Town of Loris

or

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 Registration

43305

Registration District No. 2509 Registered No. 161(2) Full Name of Child Daisy S. Phippsman

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>10</u>	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>Dec 19 1905</u>
FATHER			MOTHER	
(7) FULL NAME <u>Emery S. Phippsman</u>			(14) NAME BEFORE MARRIAGE <u>Prudence McQueen</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Loris</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Loris S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)		(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE <u>Brunswick Co. N.C.</u>			(18) BIRTHPLACE <u>Horry County S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Date A. M. P. M.) 7:05 P.M. on the date above stated.(23) (Signature) Margaret M. Kelly(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife 10 S. 1st St. Loris, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by name)

(27) Filed Dec 27 1905 (28) J. P. Bryant

*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 needed of stillbirths before the fifth month of pregnancy.

MARRIAGE INDICATED BY THE ENDING OF THE NAME.—THIS IS A PERMANENT RECORD.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. H.—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 3.

McCaw, of Columbia