

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 8.
 W. B. McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of West Greenville
 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 Registrar Only
43035

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)

(2) Full Name of Child Beatrice Ann Phillips If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? _____ <small>To be marked only in case of twins or triplets.</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur J. Phillips</u>			(14) NAME BEFORE MARRIAGE <u>Silo J. Nettitt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>S.C.</u>		(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Mill operator</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>		
(20) Number of children born to mother, including present birth <u>5</u>		(19) OCCUPATION <u>Housewife</u>		
(21) Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. J. Phillips

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____	(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
_____ 191____ Registrar	(27) Filed _____ 191____ (28) _____ 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.

_____ Registrar

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