

FORM NO. 1  
MARGIN RESERVED FOR BINDING  
WHITE 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 8.  
McGraw, of Columbia

(1) PLACE OF BIRTH  
County of Spaulding  
Township of Spaulding  
or  
Inc. Town of  
or  
City of Converse se  
(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  
**57682**

Registration District No. 4008 Registered No. 371  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child James Douglas Phillips

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

(3) BOY OR GIRL? <u>B</u>	(4) <input checked="" type="checkbox"/> Twin or <input checked="" type="checkbox"/> Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 16 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER.	
(8) FULL NAME <u>James Phillips</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Gregory</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Converse se</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Converse se</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Telegrapher</u>			(19) OCCUPATION <u>House Work</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive, at 2 30 A. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur E. Cannon M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Converse se

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 17 1916

(28) E. H. Parker  
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.

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