

WRITE PLAINLY IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Harvey</u>		STATE OF SOUTH CAROLINA		90372	
Township of <u>Green Sea</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2506</u>		Registered No. <u>93</u>	
or (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward)	
(2) Full Name of Child <u>Robert Lealon Phipps</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 15, 1916</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Geno Phipps</u>			(14) NAME BEFORE MARRIAGE <u>Rosie Homette</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tabor N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tabor N.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Harvey Co. S.C.</u>			(18) BIRTHPLACE <u>Brunswick Co. N.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</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>6 P.</u> M., on the date above stated. (Born alive <u>born</u> (Hour A. M. or P. M.))					
(23) (Signature) <u>Mina Mae Dodge</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Loris S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>J. A. Brynau</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec 18, 1916</u>					
(28) <u>E. D. Brynau</u> 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.