

WAIVE CLAIMS - IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Harney
 Township of Green Sea
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
90372

Registration District No. 2506 Registered No. 93
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Lealon Phipps If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(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> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Geno Phipps</u>	(14) NAME BEFORE MARRIAGE <u>Rosie Nemette</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>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Harry 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 Alive at 6 P. M., on the date above stated. (Born alive born (How A. M. or P. M.))

(23) (Signature) M. J. Hodge
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Loris S.C.

Given name added from a supplemental report

 _____ 19

(26) Witness J. A. Brynauk
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 18, 1916 (28) E. D. Brynauk
 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.

L M