

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

State of Columbia.

(1) PLACE OF BIRTH

County of

Cherokee

Township of

Graytownville

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71898

Registration District No. *1001*

Registered No. *56*

(For use of Local Registrar)

(2) Full Name of Child *Gilbert Little Phillipps*

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

one

(5) Number in order of birth

2

(6) Are Parents Married?

many

(7) DATE OF BIRTH

Aug. 11, 1906

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Felix Clarence Phillipps

(14) NAME BEFORE MARRIAGE

Virgie Anie Spencer

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Union Co

(18) BIRTHPLACE

Union Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11-15* A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Mrs. J. W. Whitehead

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Gaffney S.C. R.F.D.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed

Aug 15 1906

(28)

C. C. Green
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.