

No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Liberty  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30636

Registration District No. 4406Registered No. 79  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Phillips

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

no

(7) DATE OF BIRTH

Sept 4, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George W. Lark

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie C. Phillips

(15) PRESENT POSTOFFICE OF MOTHER

Turkey

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

16  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Farmer

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Sept 4 at 11 A. M.,  
 on the date above stated. a live (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Laurah A. Lark

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

9/13/23

(27)

(28)

J. Lark  
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.