

(1) PLACE OF BIRTH

County of LancasterTownship of Lynchburgor
Inc. Town ofor
City of

(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

No. 10.—For State Registrar Only

41213

Registration District No. 204 Registered No. 127
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Twinning <u>To be reported only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12-12-23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>John L. Phillips</u>		(14) NAME BEFORE MARRIAGE <u>Jane Phillips</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Lancaster, S.C.</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Lancaster, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
(12) BIRTHPLACE <u>Lancaster County, S.C.</u>		(18) BIRTHPLACE <u>Lancaster County, S.C.</u>		
(13) OCCUPATION <u>Mill Worker</u>		(19) OCCUPATION <u>House Worker</u>		
(20) Number of children born to mother, including present birth <u>Seven (7)</u>		(21) Number of children of this mother now living, including present birth <u>Six (6)</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 24 is signed by mark)(27) Filed Jan 2 1924 (28) W. H. Shannon
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4, name of children, COLUMBIA, 8-1-23