

## (1) PLACE OF BIRTH

County of FlorenceTownship of CainsOR  
Inc. Town of Hymman SCOR  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42333

Registration District No. 2001Registered No. 108  
(For use of Local Registrar)

(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 Philip Benjamin Finklea, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Philip B. Finklea(9) PRESENT POSTOFFICE OF FATHER Hymman(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Francis M. Brooks(15) PRESENT POSTOFFICE OF MOTHER Hymman SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. B. Finklea(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hymman

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Jan 1 1923 (28) W. J. Poston  
Registrar 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.

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