

MARGIN RESERVED FOR BINDER.

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		STATE OF SOUTH CAROLINA	
County of <u>Charleston</u>		Bureau of Vital Statistics		State Board of Health	
Township of <u>Lowcountry</u>		Registration District No. <u>1002</u>		Registered No. <u>52</u>	
Inc. Town of.....		(If birth occurs in a hospital or other institution, give name of same, location of street and number.)		(For use of Local Registrar)	
City of.....		(No. St. Ward)			
(2) Full Name of Child <u>Mary Lavinia Phillips</u>					
(a) SEX OR CHILD <u>Female</u>	(b) Time or Place <u>In hospital at home of Father & Mother</u>	(c) Status in case of live <u>Yes</u>	(d) Age <u>1 year 8 mos</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
FATHER.			MOTHER.		
(a) FULL NAME <u>John W. Phillips</u>	(b) NAME BEFORE MARRIAGE <u>John W. Phillips</u>	(c) FULL NAME <u>Dr. J. W. Harris</u>	(d) NAME BEFORE MARRIAGE <u>Dr. J. W. Harris</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
(a) PRESENT ADDRESS OF FATHER <u>Wilkinsville</u>	(b) PRESENT ADDRESS OF MOTHER <u>Wilkinsville</u>	(c) PRESENT ADDRESS OF FATHER <u>Wilkinsville</u>	(d) PRESENT ADDRESS OF MOTHER <u>Wilkinsville</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
(a) COLOR <u>White</u>	(b) AGE AT LAST BIRTHDAY <u>2.6</u>	(c) COLOR <u>White</u>	(d) AGE AT LAST BIRTHDAY <u>2.2</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
(a) BIRTHPLACE <u>Charleston S.C.</u>	(b) BIRTHPLACE <u>Charleston S.C.</u>	(c) BIRTHPLACE <u>Charleston S.C.</u>	(d) BIRTHPLACE <u>Charleston S.C.</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
(a) OCCUPATION <u>Farmer</u>	(b) OCCUPATION <u>Farmer</u>	(c) OCCUPATION <u>Housekeeper</u>	(d) OCCUPATION <u>Housekeeper</u>	(e) DATE OF BIRTH <u>July 8, 1902</u>	(f) TIME OF BIRTH <u>10:30 AM</u>
(a) Number of children born to mother, including present birth <u>Two</u>	(b) Number of children of this mother now living, including present birth <u>Two</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(28) I hereby certify that I attended the birth of this child, who was... <u>born alive & stillborn</u> (Mark A. M. or F. M.)					
(29) (Signature) <u>Dr. J. W. Harris</u>					
(30) State whether Physician or Midwife <u>Physician</u>					
(31) Address of Physician or Midwife <u>Charleston, S.C.</u>					
Given name added from a supplemental report			(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)		
<u>Dr. J. W. Harris</u>			<u>Dr. J. W. Harris</u>		
(33) Registrar <u>Dr. J. W. Harris</u>			(34) Local Registrar <u>Dr. J. W. Harris</u>		

*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.