

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of
 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

9042

Registration District No. *40-a*Registered No. *103*
(For use of Local Registrar)

(2) Full Name of Child *Jamie Bryant Phillips*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. *25* of *Ward*)

(3) BOY OR GIRL *Girl*
 (4) Twin or Triplet? *No*
 (5) Number in order of birth *1*
 (6) Place of birth *At home*
 (7) Date of birth *July 7, 1922*
 Birth (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER *Jamie Floyd Phillips*
 (14) NAME AND MORE MARRIAGE *Married*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg, SC*
 (15) PRESENT POSTOFFICE OF MOTHER *Spartanburg, SC*

(10) COLOR OR RACE *W*
 (11) AGE AT LAST BIRTHDAY (Year) *27*
 (16) COLOR OR RACE *W*
 (17) AGE AT LAST BIRTHDAY (Year) *19*

(12) BIRTHPLACE *Spartanburg, SC*
 (18) BIRTHPLACE *Spartanburg, SC*

(13) OCCUPATION *Farmer*
 (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *2*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *at 7 P.M.*
 on the date above stated. (Born alive *Yes* (How A. M. or P. M.))

(23) (Signature) *J. P. Mendenhall*
 (24) State whether Physician or Midwife *Physician*
 (25) Address of Physician or Midwife *Spartanburg, SC*

Given name added from a supplemental report

Witness (Signature of Witness necessary only when question 23 is signed "mark")
Thomas P. Lesner
 7/16/22
 Registrar (27) Filed *4-1-22* (28) *Jas. C. Peters* 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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