

(1) PLACE OF BIRTH

County of Spartanburg
Township of
of
Inc. Town of
of
City of Spartanburg

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

No. — For State Registrar Use
22400

Registration District No. 40-0 Registered No. 294
(For use of Local Registrar)
General Hospital 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 Quison Loyel Phillips not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <input checked="" type="checkbox"/>	5) Number in order of birth <input checked="" type="checkbox"/>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>July 7 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>G. L. Phillips</u>	14) NAME BEFORE MARRIAGE <u>Naomi Thompson</u>			
9) PRESENT POSTOFFICE OF FATHER <u>278 N. Church St. Spartanburg, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>			
10) COLOR OR RACE <u>N</u>	11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	16) COLOR OR RACE <u>N</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>			
13) OCCUPATION <u>American Express Co.</u>	19) OCCUPATION <u>Domestic</u>			
20) Number of children born to mother, including present birth <u>One</u>	21) Number of children of this mother now living, including present birth <u>One</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 59 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Willson, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Spartanburg, S.C.

Given name added from a supplemental report
M. B. D. M.D.
6/27/43 19... Registrar

(26) Witness Signature of Witness necessary only when question 23 is signed by mark
(27) Filed 8-1-23 19... Geo. Cooper 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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