

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINATownship of Greenville Bureau of Vital Statisticsor West Greenville State Board of HealthInc. Town of Greenville Registration District No. 2209BCity of Greenville (No. 35 - Burdett) Registered No. 375

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

File No. — For State Registrar Only

30528

(2) Full Name of Child

Bonnie Roberta Phillips

(3) BOY OR GIRL

girl

(4) Twin or triplet

X

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE

Sept. 12, 20

FATHER.

(8) FULL NAME

Raymond Phillips

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Public Service

MOTHER.

(14) NAME BEFORE MARRIAGE

Essie Ethel Garra

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Brevard N.C.

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

Two (2)

(21) Number of children of this mother now living, including present birth

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1-30 P.M. on the date above stated.

(23) (Signature)

Sub. Adelle

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Sept. 12, 1922Mrs. M. G.

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.