

(1) PLACE OF BIRTH  
County of Abbeville

Township of .....

or  
Inc. Town of .....

City of Lanndersville

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

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

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

No. 10.—For State Registrar Only  
**33**

(2) Full Name of Child John Phillips (No. .... St. .... Ward ....)  
If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>Full Term</u> To be reported as stillborn if born at Term or Preterm	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 24, 1923</u> (Month of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME John H. Phillips  
(9) PRESENT RESIDENCE OF FATHER Lanndersville S.C.  
(10) COLOR OR RACE wha. (11) AGE AT LAST BIRTHDAY 44 (Years)  
(12) BIRTHPLACE Abbeville County S.C.  
(13) OCCUPATION Farmer.  
(14) Number of children born to mother, including present birth None

**MOTHER.**  
(15) NAME BEFORE MARRIAGE Rosa Greer  
(16) PRESENT RESIDENCE OF MOTHER Lanndersville S.C.  
(18) COLOR OR RACE wha. (17) AGE AT LAST BIRTHDAY 39 (Years)  
(19) BIRTHPLACE Granville County S.C.  
(20) OCCUPATION Housewife.  
(21) Number of children of this mother now living, including present birth None

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was .... at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Thos. O. Bishop

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lanndersville S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10, 1923 (28) J. M. Anderson  
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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