

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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 8.

Section of Decembris, Columbia, S. C.

M. 1

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of .....  
 Inc. Town of .....  
 City of Lanndesville  
 (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

No. 33—For State Registrar Only

Registration District No. .... Registered No. 6 .....  
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)

(2) Full Name of Child Jack Phillips .....  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>✓</u> To be reported in case of Twin or Triplets	(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) (Day) (Year)
<b>FATHER</b>		<b>MOTHER</b>		
(8) FULL NAME <u>John W. Phillips</u>	(10) NAME BEFORE MARRIAGE <u>Rosa Greer</u>			
(9) PRESENT RESIDENCE OF FATHER <u>Lanndesville S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Lanndesville S.C.</u>			
(12) COLOR OR RACE <u>wha.</u>	(13) AGE AT LAST BIRTHDAY <u>44</u> (Year)	(14) COLOR OR RACE <u>wha.</u>	(15) AGE AT LAST BIRTHDAY <u>39</u> (Year)	
(16) BIRTHPLACE <u>Abbeville County S.C.</u>	(17) BIRTHPLACE <u>Greenwich County S.C.</u>			
(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>None</u>	(21) Number of children of this mother now living, including present birth <u>None</u>			

**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 ✓) (Hour M. or P. M.)

(23) (Signature) Thos. C. Bishop, M.D.  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Lanndesville 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  
 Registrar 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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