

County of Windsor
Township of Essex
or
Inc. Town of.....
or
City of

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

2844

Inc. Town of.....
or
City of

Registration District No. 36

Registered No. 13
(For use of Local Registrar)

City of No. 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 Sarah Ruth Phillips If child is not yet named, make nomenclatorial record as directed

3) BOY OR GIRL <i>Girl</i>	4) Title or Title? To be answered only in event of Title or Title	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Feb 20, 23</i>
----------------------------	--	-----------------------------	------------------------------------	------------------------------------

(8) FULL NAME *W. M. Phillips*
 (9) PRESENT ADDRESS OF FATHER *174 E. C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32*
 (12) BIRTHPLACE *Ill.*
 (13) OCCUPATION *Barber*
 (14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie May Bryant*

(15) PRESENT RESIDENCE OF MOTHER *La Sa.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *La.*

(19) OCCUPATION *House work*

(21) Number of children of this mother now living. Indicate names and birth dates of children living with mother. *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was John on the date above stated. male (How A. M. or P. M.)

(25) (Signature) [Signature]
(24) State whether Applicant or Spouse (25) Address of Applicant or Spouse

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed 1/26/68 10 45 (AM) 24

When there was no attending physician or midwife, then the father, householder, etc., should report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.