(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or Abbeville

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20614

Registration District No. 1a Registered No. 75
(For use of Local Registrar)

(No. 136 S. Main St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Phillip Thomas White. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet? /
(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 5, 22
(Name of Month) (Day) 191— (Year)

FATHER.

(8) FULL NAME Alonza White

(9) PRESENT POSTOFFICE OF FATHER Abbeville ,S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Banks Co. , Ga.

(13) OCCUPATION Millwork

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Siddie May Sorrow

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Oglethorp Co. , Ga.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. C. Cambrell, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Abbeville S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 5 1922 (28) Miss Julia F. Collins
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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FORM NO. 7. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.
McCaw, of Columbia