

**(1) PLACE OF BIRTH**

County of L. York  
Township of E. Seneca  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

**File No.—For State Registrar Only**

8792

Registration District No. 4405 Registered No. 110  
(For use of Local Registrar)

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

(2) Full Name of Child James Taylor Phillips

If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL</b> <i>Boy</i>	(4) <b>Twin or Triplet?</b> <i>X</i>	(5) <b>Number in order of birth</b> <i>1</i>	(6) <b>Are Parents Married?</b> <i>yes</i>	(7) <b>DATE OF BIRTH</b> <i>Nov. 18, 1916</i> (Name of Month) (Day) (Year)
--------------------------------------	---	---	---	--

## FATHER

(8) FULL NAME Geo. W. Phillips

(9) PRESENT POSTOFFICE OF FATHER *Manahuteville, Ark.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *42*

(12) BIRTHPLACE: Hersham Co

(20) Number of children born to mother, including present birth { 0 11

# MOTHER

(14) NAME BEFORE MARRIAGE Alice Robinson

(15) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY..... *40*

(18) BIRTHPLACE London, England (Years) 1945

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. 12300 M

(23) (Signature) L. A. Hew (Hour A. M. or P. M.)  
(24) State whether Physician or Midwife (25) Address M.D.

Given name added from a supplemental report

(28) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by marks)

(27) Filed 12/7/19 6 (28) J. Amiel

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.