

(1) PLACE OF BIRTH

County of LancasterTownship of Aor
Inc. Town of or
City of Lancaster

(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

File No.—For State Registrar Only

43133

Registration District No. 28aRegistered No. 74
(For use of Local Registrar)(2) Full Name of Child Hellen Langley Phillips

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

(3) boy or girl? girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas. E Phillips(9) PRESENT POSTOFFICE OF FATHER Lancaster MS(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Hampton Cr MS(13) OCCUPATION Insurance agent(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Hoffmeyer(15) PRESENT POSTOFFICE OF MOTHER Lancaster MS(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Hampton Cr MS(19) OCCUPATION business(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster MS

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 1-1 1923 (28) J. J. Thomason 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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