

(1) PLACE OF BIRTH

County of Marlboro  
Township of Hebron  
or  
Inc. Town of.....  
or  
City of..... (No. .... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1922

Registration District No. 330.4 Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child Jane 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 1  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 24 1922  
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Phillips

(9) PRESENT POSTOFFICE OF FATHER Greese

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE SE

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Phillips

(15) PRESENT POSTOFFICE OF MOTHER Greese

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE SE

(19) OCCUPATION Laborer

(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 Alive at 10 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Mary Regus

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Jan 30 1922 W. H. Wadley  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even on 22 it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.