

Form No. 1

(1) PLACE OF BIRTH

County of Lan ChesterTownship of Gill Creekor
Inc. Town ofor
City of

(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

86290

Registered No. 168

(For use of Local Registrar)

(2) Full Name of Child

J. B. Phillips

{ 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 case of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 29, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. B. Phillips

(9) PRESENT POSTOFFICE OF FATHER

Lan Chester S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1-1-16

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Moore

(15) PRESENT POSTOFFICE OF MOTHER

Lan Chester S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years) 2-8

(18) BIRTHPLACE

Antioch S.C.

(19) OCCUPATION

Farming

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

1-4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Barned. Alice

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. M. H.

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 29.....1914(28) J. I. Thompson 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

O D A K S A F E T