Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 38082

(1) PLACE OF BIRTH

County of York
Township of Ebenezer
or
Inc. Town of .....
or
City of .....

Registration District No. 4405 Registered No. 92 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Willie Junior 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 | (6) Are Parents Married? yes | (7) DATE OF BIRTH Nov 13 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Willie Phillips	(14) NAME BEFORE MARRIAGE Janie Robinson
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C. Rte 6	(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C. Rte 6
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE York county	(18) BIRTHPLACE York co.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth [illegible]	(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive, or stillborn) at 4:00 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Laura Simpson

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Hazel St.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 11/23/ 19 23 (28) J. Rimmer
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

H. 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.

Medico of Columbia, Columbia, S. C.