

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Waggoner

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4291

Registration District No. 1700 Registered No. 17

(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 John Lee Phillips

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married? 11-2

(7) DATE OF BIRTH

Feb. 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lee Phillips(9) PRESENT POSTOFFICE OF FATHER Waggoner, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 7-1(12) BIRTHPLACE Waggoner, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Jackson(15) PRESENT POSTOFFICE OF MOTHER Waggoner, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11 P.M.
on the date above stated. (Signature of Physician or Midwife) Hour A. M. or P. M.)(23) (Signature) Margaret J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waggoner, S.C.

(26) Have name added from a supplemental report

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

Local Registrar

When there is a change of residence, etc., should make this return. If a child is born, the report is desired of stillbirths