

MAINTAINED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FATHER-MOTHER, No. 1, THE OTHER, No. 2, etc., in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2785

Registration District No. 4008 Registered No. 7
(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 Elie 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12
To be answered only in event of Twins or Triplets (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) (176) (177) (178) (179) (180) (181) 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FATHER: (8) FULL NAME Sam Phillips (9) PRESENT POSTOFFICE OF FATHER York R. B. Co. (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (12) BIRTHPLACE York Co. S. C. 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(20) Number of children born to mother, including present birth 4
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
(22) I hereby certify that I attended the birth of this child, who was born Jan 12 at York R. B. Co. (How A. M. or P. M.)
on the date above stated.

(23) (Signature) Loosinthe (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York R. B. Co.

Given name added from a supplemental report: Katie Pressley
(26) Witness Katie Pressley (Signature of witness necessary only when question 23 is signed by marks)
(27) File Jan 12 (28) Local Registrar Shirley

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 or stillbirths
if a child breathes even once before the fifth month of pregnancy.