

(1) PLACE OF BIRTH

County of *Marlington*Township of *Eleven north*or
Inc. Town of.....or
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

Registration District No. *1.3.0.3*

File No.—For State Registrar Only

18347

Registered No. *18*...
(For use of Local Registrar)(2) Full Name of Child *Phillip*

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

(3) BOY OR GIRL *Boy*(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

April 3, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *R. L. mes phail*(9) PRESENT POSTOFFICE OF FATHER *Dovesville SC*(10) COLOR OR RACE *Caucasian*

(11) AGE AT LAST BIRTHDAY

(Years) *38*(12) BIRTHPLACE *Levensworth*(13) OCCUPATION *Farming*(22) Number of children born to mother, including present birth *12*

MOTHER.

(14) NAME BEFORE MARRIAGE *marria phillips*(15) PRESENT POSTOFFICE OF MOTHER *Dovesville SC*(16) COLOR OR RACE *Caucasian*

(17) AGE AT LAST BIRTHDAY

(Years) *38*(18) BIRTHPLACE *Dovesville SC*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *15*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *midwife Dovesville*
on the date above stated.(Born alive or stillborn) (Hour A. M. or P. M.)
Alive *Am*(23) (Signature) *Synthia Phillips*

(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 mother)(27) Filed *July 1, 1932*(28) *E. C. Early*
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.