

OFFICE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16215

County of Williamsburg
Township of Henric
or
Town of

Registration District No. H311 Registered No. 32
(For use of Local Registrar)

City of (No. M. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child. Jack Phillips } If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 23
(Name of Month) (Day) (Year)

FATHER.
FULL NAME William T. Phillips
PRESENT POSTOFFICE OF FATHER Kingstree SC
COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Sumter Co
OCCUPATION Farmer
Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Elizabeth Berger
(15) PRESENT POSTOFFICE OF MOTHER Kingstree SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE Darlington (C)
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. W. G. Gambel
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree SC

Name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 5 1923 (28) S. A. Tidwell Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Local Registrar
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