

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

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

No. 10. - For State Registrar

4040

Registration District No. 2087 Registered No. 41

(For use of Local Registrar)

(No. 47-2nd St - roadside mill) (Word)(2) Full Name of Child James Scott 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) Age 4 1/2 (7) DATE OF BIRTH Feb 1 - 23

To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Robert Phillips

(9) PRESENT POSTOFFICE OF FATHER #47-2nd St - roadside Greenville S.C. mill

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Pickens Co.

(13) OCCUPATION weaver (mill)

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Russie Ellhardt

(15) PRESENT POSTOFFICE OF MOTHER #47-2nd St - roadside Greenville S.C. mill

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Greenville

(19) OCCUPATION housewife

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) A. A. Watson (23) Address of Physician or Midwife Greenville S.C.

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(26) Mar 2 1923 (27) A. N. Mackley 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.

Fifth month of pregnancy