Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53918

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

or Inc. Town of ..... Registration District No. 41.05 Registered No. 26 (For use of Local Registrar)

or City of ..... (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 Hannah Philips

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

(3) BOY OR GIRL? Girl

(4) Twin ~~or Triplet~~? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar. 1 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Philips

(9) PRESENT POSTOFFICE OF FATHER Providence S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Jefferson

(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.

(16) COLOR OR RACE Negro. (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 noon M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) James Philips

(24) State whether Physician or Midwife: Sallie Grant Midwife

(25) Address of Physician or Midwife: Providence

Given name added from a supplemental report ....., 191....

..... Registrar

(26) Witness Mrs. Bush McLaughlin (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 2 1916 (28) B. M. McLaughlin 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.

WRITE PLAINLY. WITH INDELIBLE INK. MARGIN RESERVED FOR BINDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.