

MARGIN RESERVE GID FOR BINDING.

WHITE 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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 6.

REG. OF COLOMBIA, SOUTH CAROLINA 6

(1) PLACE OF BIRTH
 County of Sumter, S. C.
 Township of
 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.)

(2) Full Name of Child Honoris Logan Phillips (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL 4. Twin or Triplet? ☒ 5. Number in order of birth 5 6. Are Parents Married? Yes 7. DATE OF BIRTH June 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Ernie Bellinger Phillips
 9. PRESENT POSTOFFICE OF FATHER Sumter, S. C.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 51
 (Years)
 12. BIRTHPLACE Sumter, S. C.
 13. OCCUPATION Household - press.
 20. Number of children born to mother, including present birth 5

MOTHER.

14. NAME BEFORE MARRIAGE Honoris Logan Long
 15. PRESENT POSTOFFICE OF MOTHER Sumter, S. C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 38
 (Years)
 18. BIRTHPLACE Kershaw Co., S. C.
 19. OCCUPATION House-work
 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Archie Oliver M. D.

(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 mark)

(27) July 10, 1922 (28) D. O. Brown 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.

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20284

Registration District No. 41A Registered No. 95

(For use of Local Registrar)

(No. Thomson Hospital Ward)