

## (1) PLACE OF BIRTH

County of York  
 Township of Glenn Springs  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32280

Registration District No. 4015 Registered No. 68  
 (For use of Local Registrar)

(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 Robert McKenna 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH 9/2 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rufus M. Phillips  
 (9) PRESENT POSTOFFICE OF FATHER Glenn Springs SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)  
 (12) BIRTHPLACE Sanford N.C.  
 (13) OCCUPATION minister  
 (20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Glenn Springs SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Year)  
 (18) BIRTHPLACE Windsboro SC  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) A. C. Smalls

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Glenn Springs SC

Given name added from a supplemental report

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

(27) Filed Sept 20 1922 (28) Mrs. J. C. White 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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RECEIVED SEPTEMBER 20 1922  
 DEPARTMENT OF HEALTH  
 STATE OF SOUTH CAROLINA  
 BUREAU OF VITAL STATISTICS  
 COLUMBIA, S. C.