

(1) PLACE OF BIRTH

County of Anderson
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.)

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

File No.—For State Registrar Only
40743

Registration District No. 3A Registered No. 477
(For use of Local Registrar)

(2) Full Name of Child

Barbara E. Phyllis

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 (6) Are Parents Married? (7) DATE OF BIRTH
To be answered only in event of Twins or Triplets

FATHER.
(8) FULL NAME Clayton Phyllis
(9) PRESENT POSTOFFICE OF FATHER in dress
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Ga
(13) OCCUPATION mill
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Allen
(15) PRESENT POSTOFFICE OF MOTHER in dress
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION Domest
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Phyllis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19

F. B. CRAYTON
Local Registrar

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

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RECEIVED OF COLUMBIA, COLUMBIA, S. C. THE OTHER, No. 2, etc., in question 8.