

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "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

Barbara E. Phillips

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?
To be answered only in event of Twins or Triplets(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Dec 30, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEClayton Phillips(9) PRESENT
POSTOFFICE
OF FATHERAnderson(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

mill(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGEBessie Allen(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:20 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19 23 F. B. CRAYTON
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 before the fifth month of pregnancy.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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