

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

Drayton

STATE OF SOUTH CAROLINA

90251

Township of

Cherokee Top

Bureau of Vital Statistics

State Board of Health

or Inc. Town of

Pineland

Registration District No. 2402

Registered No. 285

(For use of Local Registrar)

City of

Pineland

(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 Norman Franklin Phillips (If child yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy

(4) Twin or Triplet? 1
To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 10 16
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME H J Phillips

(14) NAME BEFORE MARRIAGE Mrs. Rosa Phillips

(9) PRESENT POSTOFFICE OF FATHER Pineland SC

(15) PRESENT POSTOFFICE OF MOTHER Pineland SC

(10) COLOR OR RACE w

(11) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE w

(17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Dr. Williams

Given name added from a supplemental report

Mar 16 1916
City of Pineland, 19...
Registrar

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

(27) Filed Jan 30 1916 (28) J. W. Rogers 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.

FIRST-BORN—No. 1. THE OTHER, No. 2, etc., in number. REG. OF COLUMBIA, COLUMBIA, S. C.