

ONE 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Hanfield</u>		STATE OF SOUTH CAROLINA		34297	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>1907</u>		Registered No. <u>89</u>	
or				(For use of Local Registrar)	
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 <u>Alma G. Phillips</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 31 22</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Miss Phillips</u>			(14) NAME BEFORE MARRIAGE <u>Alma Kelley</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>23</u>
		(Years)			(Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>17</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. J. F. Watson</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife <u>Dr. Watson</u>			<u>Hanfield, S.C.</u>		
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 Registrar		(27) Filed <u>11/2 22</u> (28) <u>L. C. Hood</u> 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.					