

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

Inc. Town of Ridgeway

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Registration District No. 38

No. for State Registrar

204

Registered No. 6  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosathy Lancia P. Phillips

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

(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Ranked in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 25 1923

(8) FULL NAME OF FATHER Lebe Phillips

(9) PRESENT POSTOFFICE OF FATHER Plyer SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE Sumter

(13) OCCUPATION Mill work

(14) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Annus Barnett

(15) PRESENT POSTOFFICE OF MOTHER Plyer SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Abbeville County

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (22) (Signature) W. R. Dunder (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Plyer SC

Given name added from a supplemental report

W. R. P. es.  
off. reg. 11/19/45  
Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) Filed Feb 6 1923 (27) Local Registrar W. R. Dunder

\*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 never be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.