

(1) PLACE OF BIRTH

County of McCormickTownship of Overlandor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4500

File No.—For State Registrar Only

35473

Registered No. 125
(For use of Local Registrar)

(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 Tom Phil

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 15, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Peter Phil(9) PRESENT POSTOFFICE OF FATHER McCormick(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Pa(13) OCCUPATION Salmon(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Cora Phil

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Pa(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 PM on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. D. Mattison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

10
Registrar(27) Date Oct. 1, 1922 (28) B. D. Mattison
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 28th month of pregnancy.