

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case 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 4.

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Charleston

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

(2) Full Name of Child

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

503

Registration District No. 28^a Registered No. 116

(For use of Local Registrar)

(No. 207 Garden St.; 5 Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Jul 22 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jamie R. Phillips

(9) PRESENT POSTOFFICE OF FATHER 207 Garden

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Helen Mary

(15) PRESENT POSTOFFICE OF MOTHER 207 Garden

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Penn.

(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 3a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Queen J. B. ...

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

Given name added from a supplemental report

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

(27) Filed 3/1 1923 (28) C. J. Slamm 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.