

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

Woodruff

In. Town of

or
City of

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

Registration District No. 4009

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child William Phillip

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

(1) BOY OR GIRL? Boy	(4) Twin or Triplet? No	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb. 1, 23 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Marion Marcus Phillips			(14) NAME BEFORE MARRIAGE Ruby Estelle Fowler	
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.			(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.	
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 19 (Years)	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 18 (Years)	
(12) BIRTHPLACE Spartanburg S.C.			(18) BIRTHPLACE Spartanburg S.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 1			(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 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. H. G. Cook

(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 23 is signed by mark)

(27) Filed Apr 10, 1923

(28) C. H. G. Cook 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.

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