

## (1) PLACE OF BIRTH

County of Sumner  
 Township of Sumner  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

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

Registration District No. 3504

File No.—For State Registrar Only

12247

Registered No. 76  
(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

J.B. Phylow

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

2/4

(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Winters

(9) PRESENT POSTOFFICE OF FATHER

—

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

—

(13) OCCUPATION

—

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Beck Phylow

(15) PRESENT POSTOFFICE OF MOTHER

Sumner SC 2121

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY (Years)

18

(18) BIRTHPLACE

SC

(19) OCCUPATION

SC

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W.C. Mares

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianNewry SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mar")

(27) Filed

4/10/19

(28)

J.C. Kephart

Local Registrar

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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