

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42928

Registration District No. 22.A Registered No. 473

(For use of Local Registrar)

St. 1 Ward 1(2) Full Name of Child Francis Marion Phillippe(3) BOY OR GIRL Boy

(4) Twin or triplet?

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec - 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis M. Phillippe(9) PRESENT POSTOFFICE OF FATHER 121 Fagene City(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Calusa Fl.(13) OCCUPATION Actuary(14) Number of children born to mother, including present birth One

MOTHER.

(15) NAME BEFORE MARRIAGE Rosa Cook(16) PRESENT POSTOFFICE OF MOTHER 121 Fagene City(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27 (Years)(19) BIRTHPLACE Canden Ala.(20) OCCUPATION Housewife(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 born alive on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) C. H. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 1911 (28) C. H. Smith 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.

MARGIN RESERVED FOR BINDING.

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 2.

City of Columbia