

## (1) PLACE OF BIRTH

County of PorterTownship of Kingsville

or

Inc. Town of .....

or

City of .....

(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

30131

Registration District No. 40 ERegistered No. 15-1

(For use of Local Registrar)

(2) Full Name of Child Henry E. Phillips

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept 9, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. Phillips(9) PRESENT POSTOFFICE OF FATHER Immouche(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 31  
(Year)(12) BIRTHPLACE IL(13) OCCUPATION mechanic

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Cook(15) PRESENT POSTOFFICE OF MOTHER Immouche(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 36  
(Year)(18) BIRTHPLACE IL(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5(21) Number of children born to mother, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James R. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Immouche

Given name added from a supplemental report

Gavin Fairley  
Dec. 18, 1923

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

(27) Place IL (28) Local Registrar Phillips

\*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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