

FORM NO. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Spartanburg STATE OF SOUTH CAROLINA.Township of Woodruff Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

57704

Inc. Town of ..... Registration District No. 4009 Registered No. 51  
(For use of Local Registrar)City of ..... (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 Mary Franklin Phillips } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? G (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH April 26 1916  
(Name of Month) (Day) (Year)

(8) FULL NAME <u>Frederick Phillips</u>		(14) NAME BEFORE MARRIAGE <u>Era Pearson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Chester S.C.</u>		(18) BIRTHPLACE <u>Appling Co</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) D. H. Alexander(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Woodruff S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 10 1916 (28) C. L. Bayler 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.

WRITER PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A. 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 5.