

Form No. 3

(1) PLACE OF BIRTH

County of York
Township of York
OF
Inc. Town of York
OF
City of York

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

24402

Registration District No. 207 Registered No. 254

(For use of Local Registrar)

(No. 6 Marshall 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 George Washington Phillips

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 3/23/23
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Prince Phillips
(9) PRESENT POSTOFFICE OF FATHER York, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE York, S.C.
(13) OCCUPATION Rail Road

MOTHER

(14) NAME BEFORE MARRIAGE Mills May Ada
(15) PRESENT POSTOFFICE OF MOTHER York, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Year)
(18) BIRTHPLACE York, S.C.
(19) OCCUPATION House Work

(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 born alive on the date above stated. (Hour A. M. or P. M.) 3:25

(23) (Signature) Matthew C. Phillips (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York, 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 8-31-23 (28) Local Registrar P. H. Pugh

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

FIRST-BORN No. 1 THE OTHER, No. 2, etc., in question 1

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.