

Form No 1.

(1) PLACE OF BIRTH

County of

York

Township of

Bethel

or
Inc. Town of
or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45011

Registration District No.

4400

Registered No.

68

(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

Lizzie Phillips

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

(3) BOY OR
GIRL?

Girl

(4) Twin
or triplet?

To be answered only in event of twins or triplets

(5) Number in
order of birth

8

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Aug. 20, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

James Phillips

(9) PRESENT
POSTOFFICE
OF FATHER

York SC #2

(10) COLOR
OR
RACE

Black

(11) AGE AT LAST
BIRTHDAY

38

(Years)

(12) BIRTHPLACE

York Co. S.C.

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE
MARRIAGE

Bessie Braman

(15) PRESENT
POSTOFFICE
OF MOTHER

York S.C. #2

(16) COLOR
OR
RACE

Black

(17) AGE AT LAST
BIRTHDAY

38

(Years)

(18) BIRTHPLACE

York Co. S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Cinda Phillips

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

York #2

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Jan. 8, 1915

(28)

N.A. Quinn

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 HIGHLY ENLARGED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.F.—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.

Caw. of Columbia