

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8320

Registration District No. 109 Registered No. 53

(For use of Local Registrar)

Ward

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

(3) BOY OR GIRL 43 (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH 4/10/23FATHER Charles Edwards Phillips MOTHER Marion(8) FULL NAME Charles Edwards Phillips (14) NAME BEFORE MARRIAGE Marion(9) PRESENT POSTOFFICE OF FATHER ... (15) PRESENT POSTOFFICE OF MOTHER ...(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ... (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ...(12) BIRTHPLACE ... (18) BIRTHPLACE ...(13) OCCUPATION ... (19) OCCUPATION ...(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 ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Gaffney, B. C. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...(26) Witness ... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/10/23 (28) W. F. 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.

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