

(1) PLACE OF BIRTH
County of **Greenville**

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
64427

Township of

Inc. Town of Registration District No. **22. A.** Registered No. **225**
(For use of Local Registrar)
or
City of **Greenville** (No. **Sullivan** 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

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

(3) BOY ☒ GIRL ☒ (4) Twin or Triplet? ☐ (5) Number in order of birth (6) Are Parents Married? ☒ Yes
(7) DATE OF BIRTH **June 7 1916**
(Name of Month) (Day) (Year)

FATHER.(8) FULL NAME **George Phillips**(9) PRESENT POSTOFFICE OF FATHER **Greenville S. C.**(10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE **S. C.**(13) OCCUPATION **Laborer**(20) Number of children born to mother, including present birth **5****MOTHER.**(14) NAME BEFORE MARRIAGE **Hattie Phillips**(15) PRESENT POSTOFFICE OF MOTHER **Greenville, S. C.**(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE **S. C.**(19) OCCUPATION **Housework**(21) Number of children of this mother now living, 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** **4:05 P. M.**
(Born alive or stillborn) (Hour, M. or P. M.)
on the date above stated.

(23) (Signature) **Mattie Phillips**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife**Greene Ave.**

Given name added from a supplemental report

(26) Witness **Grace Chalmers**
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed **June 8 1916** (28) **C. E. 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.

McGaw, of Columbia.