

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Florence
Township of Brush Spring
or
Inc. Town of Acosta
or
City of _____

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

File No.—For State Registrar Only
87380

Registration District No. 40002 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child Hellen Lucile Phokeloff (No. _____ St.; _____ Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? no (7) DATE OF BIRTH 1910, 11, 6
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME _____
(9) PRESENT POSTOFFICE OF FATHER _____
(10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY _____ (Years)
(12) BIRTHPLACE _____
(13) OCCUPATION _____
(20) Number of children born to mother, including present birth { one }

MOTHER.
(14) NAME BEFORE MARRIAGE Amy Phokeloff
(15) PRESENT POSTOFFICE OF MOTHER Acosta S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Florence Co
(19) OCCUPATION mill work
(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. S. Lauroster M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report _____, 191_____

Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 94030, 191____ (28) S. Moore 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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