

(1) PLACE OF BIRTH

County of CherokeeTownship of Smithor
Inc. Town ofor
City of Gaffney S.C.

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

(2) Full Name of Child

File No.—For State Registrar Only

17977

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1-2-A Registered No. 174
(For use of Local Registrar)(No. Musgrove Mill St.; Ward)

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

3) BOY OR GIRL	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH (State of Month) (Day) (Year) <u>June 14, 1922</u>
FATHER			MOTHER	
9) FULL NAME <u>John E. Phillips</u>			14) NAME BEFORE MARRIAGE <u>Miss D. M. McCreary</u>	
10) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>	
11) COLOR OR RACE <u>White</u>			12) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
13) BIRTHPLACE <u>Cherokee Co. S.C.</u>			14) COLOR OR RACE <u>White</u>	
15) OCCUPATION <u>Cotton Mill</u>			16) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
17) BIRTHPLACE <u>Cherokee Co. S.C.</u>			18) OCCUPATION <u>Housewife</u>	
19) Number of children born to mother, including present birth <u>2</u>			20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colin at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour—M. or P.M.)(23) (Signature) John E. Phillips

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney 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 7/10 1922 (28) H. 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.

If a child breathes even once, before the fifth month of pregnancy.