

16 093603

FILE No.—For State Registrar Only

00299

1. PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town ofCity of Lake City, S. C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2008 Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

Phyllis Helen Arrington (If child is not yet named, make supplemental report as directed.)3. Boy or Girl ☒ Girl If Plural births 4. Twin, triplet or other 5. Number, in order of birth 6. Premature 7. Are Parents 8. Date of birth June 26, 1916 (Month, day, year)9. Full name Phyllis Harrington FATHER 18. Name before marriage Jessie Helen Thomas MOTHER10. Residence (mailing address) (If non-resident, give place and State) Lake City, S. C. 19. Residence (mailing address) (If non-resident, give place and State) Lake City, S. C.11. Color or race W 12. Age at last birthday 26 (Years) 20. Color or race W 21. Age at last birthday 27 (Years)13. Birthplace (city or place) (State or country) Walden, S. C. 22. Birthplace (city or place) (State or country) Cherokee Co., S. C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. W15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 40 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work Life27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, period of gestation 2 months 2 weeks 29. Cause of stillbirth L Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 49 a.m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) M. H. Hargett, M.D.

or Midwife.

Given name added from (Date of)

Address

Filed March 10, 1941 M. B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)