

Form No. 1

(1) PLACE OF BIRTH

County of Lee Co.
 Township of Spring Hill
 or
 Inc. Town of
 or
 City of Camden

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
39210

Registration District No. 3006Registered No. 61
(For use of Local Registrar)

(No. 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 Philip Bruce of Thomas

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

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 6, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Senear of Thomas(9) PRESENT POSTOFFICE OF FATHER Camden S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Philip Hancock(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. P. P. P.(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Rembert 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 Nov 10, 1922 (28) J. J. P. P.
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 INDEXING.

WRITE PLAINLY, WITH INK, AND IN CAPITAL LETTERS. THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.