

(1) PLACE OF BIRTH

County of McCormick
 Township of Rowland
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21798

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Phillie Lee Hobbs If child is not yet named, make supplemental report as directed

3 SEX OR GROWTH <u>Boy</u>	4 Type or Triplet <u>-</u>	5 Number in order of birth <u>4</u>	6 Date of Birth <u>June 10, 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.	
7 FULL NAME <u>Augustus Hobbs</u> (H. 885)		14 NAME BEFORE MARRIAGE <u>Frank Bygg</u>	
8 PRESENT POSTOFFICE OF FATHER <u>Plum Branch S.C.</u>		15 PRESENT POSTOFFICE OF MOTHER <u>Plum Branch S.C.</u>	
10 COLOR OR RACE <u>Black</u>	11 AGE AT LAST BIRTHDAY <u>26</u> (Years)	16 COLOR OR RACE <u>Negress</u>	17 AGE AT LAST BIRTHDAY <u>23</u> (Years)
12 BIRTHPLACE <u>Wedgefield S.C.</u>		18 BIRTHPLACE <u>Wedgefield S.C.</u>	
13 OCCUPATION <u>Farmer</u>		19 OCCUPATION <u>Housewife</u>	
20 Number of children born to mother, including present birth <u>4</u>		21 Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. J. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McCormick S.C.

Given name added from a supplement-
 tal report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed

July 15, 1923

(28)

M. W. C. Latham

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.