

## (1) PLACE OF BIRTH

County of DroonTownship of KlauserOF  
Inc. Town of.....OF  
City of.....(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 Alice Essie Phillips If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 7, 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Phillips</u>	(14) NAME BEFORE MARRIAGE <u>James Grant</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Tammassee</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Tammassee</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Tammassee</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(10) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>S.S.</u>	(18) BIRTHPLACE <u>S.S.</u>	(18) BIRTHPLACE <u>S.S.</u>
(11) AGE AT LAST BIRTHDAY <u>22</u>	(19) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>
(12) BIRTHPLACE <u>M.L.</u>	(20) Number of children born to mother, including present birth <u>3</u>	(20) Number of children born to mother, including present birth <u>3</u>	(20) Number of children born to mother, including present birth <u>3</u>
(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	(21) 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 born alive at 9:25 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mrs. Harriet E. Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tammassee

Given name added from a supplemental report

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

(27) Filed July 15, 1923 (28) Sam M. 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.

WITH PLAINLY, WITH UNPAIDING SEX—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MACOM OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only  
**20494**

Registration District No. 3502 Registered No. 46  
(For use of Local Registrar)