

PLACE OF BIRTH

County of CharlestonMunicipality of Columbia

Town of

or

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

Full Name of Child Blair Columbus Phillips

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1. P. R.

File No. - For State Registrar Only

17042

Registered No. 132

(For use of Local Registrar)

BOY OR GIRL

Boy

(4) Twin or Triplet

1

(5) Number in order of birth

4

(6) Age of child at birth

7 mo

(7) DATE OF BIRTH

June 21923

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Ed Lee Phillips

PRESENT ADDRESS OF FATHER

Box 122 R. D.

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Year)

BIRTHPLACE

Charleston County S.C.

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MOTHER.

(14) NAME BEFORE MARRIAGE

Ed Lee Phillips

(15) PRESENT ADDRESS OF MOTHER

Box 122 R. D.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Charleston County S.C.

(19) BIRTHPLACE

Charleston

(20) BIRTHPLACE

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(46) BIRTHPLACE

Charleston

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(1) 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 of Birth or P. M.)

(2) (Signature)

J. D. Davis M.D.

(3) State whether Physician or Midwife

Physician

Have name added from a supplemental report

(26) Witness

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

(27) Filed

7/10231923

(28) Local Registrar

J. D. Davis

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.

Local Registrar

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