

(1) PLACE OF BIRTH

County of York

Township of

or Town of

City of Rock Hill

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

44344

Registration District No. 44 BRegistered No. 2

(For use of Local Registrar)

(2) Full Name of Child Ben Franklin Phillips

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

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

M. W. F. Phillips

(14) NAME BEFORE MARRIAGE

Fannie Kennedy

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

52 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

S. C.

(18) BIRTHPLACE

S. C.

(13) OCCUPATION

Textile

(19) OCCUPATION

House work

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 4 2 1901 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Linn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

1/21/01

(28)

J. B. Linn

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 children before the fifth month of pregnancy.

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