

When this form is filled out, it should be kept in a safe place. It is a permanent record. In case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Henry

Township of Floyds

Inc. Town of

City of

(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 Registrar Only

43294

Registration District No. 2508 Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Norma Phillips If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 8 1915

(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Alva L Phillips (14) NAME BEFORE MARRIAGE Maggie Lewis

(9) PRESENT POSTOFFICE OF FATHER Labor N.C. Route #2 (15) PRESENT POSTOFFICE OF MOTHER Labor N.C. Route #2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45

(12) BIRTHPLACE Floyds Township (18) BIRTHPLACE Floyds Township

(13) OCCUPATION Farming (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:27 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. D. Lewis, M.D.

(24) State whether Physician or Midwife: Physician Address of Physician or Midwife Labor N.C. Route #2

Given name added from a supplemental report

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

(27) Filed Nov 23 1915 (28) S. E. Williamson 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.

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