

(1) PLACE OF BIRTH

County of AbbevilleTownship of Magrader

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

Registration District No. 109Registered No. 49
(For use of Local Registrar)

(2) Full Name of Child

Gallie Mary Phillips

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

(3) SEX OF CHILD Girl (4) Type of Infant Full Term (5) Number in order of birth 1 (6) Age of Mother Yes (7) DATE OF BIRTH Feb. 22, 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Phillips(9) PRESENT RESIDENCE OF FATHER Abbeville SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Abbeville County SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Brown(15) PRESENT RESIDENCE OF MOTHER Abbeville SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Abbeville County SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Abbeville, on the date above stated. (Born alive or stillborn) (Hour) (Day) (Month) (Year)(23) (Signature) H. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

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

(27) Signed Feb. 22, 1923 (28) H. Brown 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.

Registrar

Local Registrar

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