

Form No. 1

(1) PLACE OF BIRTH  
County of York  
Township of .....  
or  
Inc. Town of .....  
or  
City of Rock Hill,

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

File No.—For State Registrar Only  
**83914**

Registration District No. 44 B Registered No. 168  
(For use of Local Registrar)  
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... Phillip Raleigh Faris ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21, 1926  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Salem Faris  
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.  
(10) COLOR OR RACE Assyrian (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Assyria  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth } ..... 2 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Viola Collins  
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Larcaster, S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth } ..... 2 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**  
(22) I hereby certify that I attended the birth of this child, who was born at ..... M., on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) M. R. Backus  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness ..... (Signature of witness necessary only when question 23 is signed by mark.)  
(27) Filed 10/21/26 (28) J. R. Miller Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH CAPS AND INK—THIS IS A PERMANENT RECORD.  
NOTE—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.