

MARGIN RESERVED FOR BINDING.
LARGE PLAIN, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
IT IS IN THE CUSTODY OF THE STATE OF SOUTH CAROLINA, AND IT IS THE DUTY OF THE REGISTRAR TO KEEP IT IN THE BEST OF PRESERVATION.
FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

Form No. 1

CERTIFICATE OF BIRTH

File No. For State Registrar Only

(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? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 21</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Salem Faris</u>			(14) NAME BEFORE MARRIAGE <u>Viola Collins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill, S.C.</u>	
(10) COLOR OR RACE <u>Assyrian</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>Assyria</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>			
(13) OCCUPATION	(18) BIRTHPLACE <u>Lancaster, S.C.</u>			
(20) Number of children born to mother, including present birth { <u>2</u>			(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth { <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Rock Hill, S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) M. R. Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 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 10/21/16 (28) J. R. Miller
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.