

Form No. 1

## (1) PLACE OF BIRTH

County of JasperTownship of Prentiss

OF

Inc. Town of .....

OR

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

43031

Registration District No. 2601Registered No. 90  
(For use of Local Registrar)(2) Full Name of Child Ann Alena Phett

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

(3) BOY OR GIRL  
Girl(4) Twin or Triplet?  
To be answered only in event of Twin or Triplet(5) Number in order of birth 3(6) Are Parents Married?  
Yes(7) DATE OF BIRTH Dec 19 22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Jerry Phett(9) PRESENT POSTOFFICE OF FATHER Cosawhatchee SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Cosawhatchee SC(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Mollie Holly(15) PRESENT POSTOFFICE OF MOTHER Cosawhatchee SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Adams Co. SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alena at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Murray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife Cosawhatchee SC

Given name added from a supplemental report

(26) Witness D. G. Roberts

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

(27) Filed 12/27/22(28) P. G. W. Roberts

(29) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.