

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
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

40291

Registration District No. 1-201 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. E. Phillips(9) PRESENT POSTOFFICE OF FATHER Buffalo(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE NE(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Parline Smith(15) PRESENT POSTOFFICE OF MOTHER Buffalo(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE NE(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or still born at 1 P. M. on the date above stated. (Born alive or still born) (Hour and P. M.)(23) (Signature) J. P. McCallister

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 19 1922 (28) Byrd L. L. L. 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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