

Form No 1.

(1) PLACE OF BIRTH
County of York
Township of Bethel

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

File No. — For State Registrar Only
45016

Inc. Town of Registration District No. 4404 Registered No. 69
(For use of Local Registrar)
City of (No. 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 Clara Phillips { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME West Phillips
(9) PRESENT POSTOFFICE OF FATHER York S.C. #2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE York Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie McCallum
(15) PRESENT POSTOFFICE OF MOTHER York S.C. #2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE York Co S.C.
(19) OCCUPATION Housewife
(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 Alive, at 6:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Conda Phillips (25) Address of Physician or Midwife
(24) State whether Physician or Midwife Physician York S.C. #2

Given name added from a supplemental report

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

(27) Filed Jan. 8, 1916 (28) N.A. Quinn 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. M.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.

Cav. of Columbia.