

(1) PLACE OF BIRTH

County of Spartanburg
Township of Unionor
In Town of
orCity 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 Bessie Philson } If child is not yet named, make supplemental report as directed3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 17, 1922
(Name of Month) (Day) (Year)FATHER.
4) FULL NAME Wyatt Philson
5) PRESENT POSTOFFICE OF FATHER White Stone P 1
6) COLOR OR RACE col (12) AGE AT LAST BIRTHDAY 49 (Years)
7) BIRTHPLACE S.C.
8) OCCUPATION Farmer
9) Number of children born to mother, including present birth 11MOTHER.
(14) NAME BEFORE MARRIAGE Famine Hill
(15) PRESENT POSTOFFICE OF MOTHER White Stone
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 46 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Dom
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at abine 9 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Henry E. Haffner(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mid White Stone, P 1

Given name added from a supplemental report

(26) Witness J. C. White
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 5, 1922 (28) Mrs. J. C. White
Local Registrar.

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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