(1) PLACE OF BIRTH

County of Dorchester

Township of Summerville

or

Inc. Town of

or

City of Dorchester S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
30357

Registration District No. 4195 Registered No. 71
(For use of Local Registrar)

(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 Infant 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 8, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Phillips	(14) NAME BEFORE MARRIAGE Ida Jefferson
(9) PRESENT POSTOFFICE OF FATHER Dorchester, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Dorchester S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer Housewife
(20) Number of children born to mother, including present birth 11	(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. R. Lathigman

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 15th 1923 (28) J. B. Raffield
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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