

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50626

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town of Unionor
City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 42 ARegistered No. 231
(For use of Local Registrar)St.; 4 Ward

(2) Full Name of Child

Jessie L. 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dexter Phillips(9) PRESENT POSTOFFICE OF FATHER 28 Enterprise St Union SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Cuthbert SC(13) OCCUPATION Station Mkt Work(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 5(15) NAME BEFORE MARRIAGE Mollie Israel(16) PRESENT POSTOFFICE OF MOTHER 28 Enterprise St Union SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 29 (Years)(19) BIRTHPLACE Union SC(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11 P.M.
(Born alive or stillborn) (Hour & M. or P.M.)
on the date above stated.(23) (Signature) O. P. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 29 1916 (28) O. P. Jackson 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. R.—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.

McCaw, of Columbia