

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For this Register

5496

County of York

Municipality of

In Town of

City of Rock Hill, S.C.Registration District No. 44B Registered No. 28
(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 William Banks Jr. If child is not yet named, make supplemental report as directed(1) SEX OF CHILD Boy (2) Type or Figure 1 (3) Number in order of birth 1 (4) Age Parents Married 14 (5) DATE OF BIRTH Feb 13 1923
(Name of Month) (Day) (Year)FATHER.
(6) FULL NAME William Banks Phillips(7) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(8) COLOR OR RACE W. (9) AGE AT LAST BIRTHDAY 25
(Year)(10) BIRTHPLACE Rock Hill, S.C.(11) OCCUPATION Linotype Operator(12) Number of children born to mother, including present birth 1MOTHER.
(13) NAME BEFORE MARRIAGE Mamie (Whitson)(14) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(15) COLOR OR RACE W. (16) AGE AT LAST BIRTHDAY 20
(Year)(17) BIRTHPLACE U.C.(18) OCCUPATION House(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 6 P. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) T. R. MacArthur(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

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

(25) Filed 3/5/23 (26) James 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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