

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only  
74772

(1) PLACE OF BIRTH  
County of *York*  
Township of *North*  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. *1004* Registered No. *23*  
(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 *Maria Maythe 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* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 2, 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Jim Deo Phillips*  
(9) PRESENT POSTOFFICE OF FATHER *Wadesville NC*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)  
(12) BIRTHPLACE *NC*  
(13) OCCUPATION *lotta mill work*  
(14) Number of children born to mother, including present birth { ..... *6* .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Mustie Pickett*  
(15) PRESENT POSTOFFICE OF MOTHER *Acadia NC*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (Years)  
(18) BIRTHPLACE *NC*  
(19) OCCUPATION *Home wife*  
(21) Number of children of this mother now living, including present birth { ..... *3* .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) *Mrs. Holly*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Acadia NC*

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *M. M. Anderson*  
(27) *M. M. Anderson* 191..... (28) *M. M. Anderson* 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.