

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74772

Registration District No. 1004 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child *Maria Myrtle Phillips* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

6

(6) Are Parents Married?

Yes(7) DATE OF BIRTH *Aug. 2, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Deac Phillips

(9) PRESENT POSTOFFICE OF FATHER

Wadley SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Other mill work

(14) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Myrtle Decker

(15) PRESENT POSTOFFICE OF MOTHER

Wadley SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *alive* at *1 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mrs. Helly*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Wadley SC*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) *1916*

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(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.