

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Griffin  
or Griffin  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15525

Registration District No. 2804 Registered No. 88  
(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 Lelain Ralston Phillips (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 7 1900  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Fleming Phillips,  
9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C. R. 2  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 37 (Years)  
12) BIRTHPLACE S. C.  
13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Nettie Hammond  
15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C. R. 2  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26 (Years)  
18) BIRTHPLACE S. C.  
19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 4

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 born alive or stillborn at 7 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) P. C. Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6-30-02 (28) J. T. Thompson 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.

Registrar Local Registrar  
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