

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

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

(2) Full Name of Child Richard Wylie Phillips (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <u>2</u>	Are Parents Married? <u>yes</u>	6) DATE OF BIRTH <u>6/3</u> 19 <u>22</u> (Name of Month) (Day) (Year)
------------------------------	--	---	------------------------------------	---

FATHER

8) FULL NAME R. W. Phillips

9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.

10) COLOR OR RACE white

11) AGE AT LAST BIRTHDAY 24 (Years)

12) BIRTHPLACE Randallburg N.C.

13) OCCUPATION Baker

20) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Louise Melton

15) PRESENT POSTOFFICE OF MOTHER Rock Hill

16) COLOR OR RACE white

17) AGE AT LAST BIRTHDAY 22 (Years)

18) BIRTHPLACE Helena S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Simpson

(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 7/10/22 (28) J. G. Muel 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.