Case No. 33841

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 33840

(1) PLACE OF BIRTH
County of Abbeville
Township of
or
Inc. Town of
or
City of Abbeville (No. North Main St.; 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-G2 Registered No. 41 (For use of Local Registrar)

(2) Full Name of Child. Josephine Martha Philson | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Oct. 25, 1915

FATHER.	MOTHER.
(8) FULL NAME Robt. Edward Philson	(14) NAME BEFORE MARRIAGE Adelaide Lois Horton
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Clinton S.C.	(18) BIRTHPLACE Williamston S.C.
(13) OCCUPATION Merchant	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 7	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. A. Cuffin

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Abbeville S.C.

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

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

(27) Filed Nov 27 1915 (28) J. G. Perry
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.

McLaw. of Columbia.

WHITE PLAINLY, WITH INDELIBLE 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.

MARGIN MUST BE KEPT CLEAR FOR BINDING.

F. M. No. 5