FORM NO. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37498

(1) PLACE OF BIRTH
County of Spartanburg
Township of Woodruff
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4009 Registered No. 108
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? — To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH Oct. (Name of Month) 14 (Day), 1915 (Year)

FATHER.

(8) FULL NAME Hoby Dawson Phillips
(9) PRESENT POSTOFFICE OF FATHER Switzer S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie West
(15) PRESENT POSTOFFICE OF MOTHER Switzer S.C.
(16) COLOR OR RACE white
(17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION House Keeper
(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 born alive at 9 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) G. Moseley M.D.
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Woodruff 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 11/11 1915. (28) Charlie Boyter
Local Registrar

If 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.

MARRIAGE PLANNED, WITH CERTAINTY FOR BINDING, WITH CERTAINTY FOR THIS IS A PERMANENT RECORD.
In the case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BIRTH ORDER, No. 1, THE OPHERE, No. 2, etc., in question 5.