

I hereby certify that this is a true and accurate copy of the record of birth of William Davis Phillips Jr., filed in the office of the records of San Marcos, Vol. 19, page 33, witness my hand and seal this 28 day of April, 1965.

Delores H. Hansen
 Registrar for the City of San Marcos, Texas

VS-111, REV. 10/72

STATE OF TEXAS				BIRTH NO.			
1. PLACE OF BIRTH				2. USUAL RESIDENCE OF MOTHER (When does mother live?)			
a. COUNTY <u>Hays</u>				a. STATE <u>Texas</u>			
b. CITY OR TOWN (If outside city limits, give precinct no.)				b. CITY OR TOWN (If outside city limits, give precinct no.)			
<u>San Marcos</u>				<u>San Marcos</u>			
c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Hays Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>P.O. Box 211</u>			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?				e. IS RESIDENCE INSIDE CITY LIMITS?			
YES ☒ NO ☐				YES ☒ NO ☐			
3. NAME <u>William</u>				4. DATE OF BIRTH <u>10-7-1965</u>			
Type or Sex <u>Male</u>				a. IF TWIN OR TRIPLET, WAS CHILD BORN			
1. NAME <u>William</u>				1st ☐ 2nd ☐ 3rd ☐			
2. NAME <u>Davis</u>				b. COLOR OR RACE <u>White</u>			
3. SEX <u>Male</u>				c. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>			
4. AGE (At time of this birth) <u>22</u> YEARS				11. COLOR OR RACE <u>White</u>			
5. MAIDEN NAME <u>Janet</u>				12. COLOR OR RACE <u>White</u>			
6. THIS BIRTH <u>Single</u>				13. COLOR OR RACE <u>White</u>			
7. NAME <u>William</u>				14. AGE (At time of this birth) <u>22</u> YEARS			
8. NAME <u>Davis</u>				15. BIRTHPLACE (State or foreign country) <u>Texas</u>			
9. AGE (At time of this birth) <u>22</u> YEARS				16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
10. BIRTHPLACE (State or foreign country) <u>Texas</u>				a. How many OTHER children are now living? <u>0</u>			
11. USUAL OCCUPATION <u>Phillips</u>				b. How many OTHER children were born alive but are now dead? <u>0</u>			
12. USUAL OCCUPATION <u>Phillips</u>				c. How many children were born dead (total deaths after 20 weeks pregnancy)? <u>0</u>			
13. USUAL OCCUPATION <u>Phillips</u>				17. ATTENDANT AT BIRTH <u>M.D. ☒ D.O. ☐ MIDWIFE ☐ OTHER ☐</u>			
14. AGE (At time of this birth) <u>22</u> YEARS				18. DATE SIGNED <u>10-7-1965</u>			
15. BIRTHPLACE (State or foreign country) <u>Texas</u>				19. DATE SIGNED <u>10-7-1965</u>			
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				20. REGISTRAR'S SIGNATURE <u>George C. Reed</u>			
17. ATTENDANT AT BIRTH <u>Mrs. Bill Phillips</u>				21. REGISTRAR'S FILE NO. <u>332</u>			
18. DATE SIGNED <u>10-7-1965</u>				22. REGISTRAR'S SIGNATURE <u>William J. Moore</u>			
19. DATE SIGNED <u>10-7-1965</u>				23. REGISTRAR'S SIGNATURE <u>George C. Reed</u>			

FOR MEDICAL AND HEALTH USE ONLY (This section must be filled out)									
21. LEGITIMATE?		22. LENGTH OF PREGNANCY		23. WEIGHT AT BIRTH		24. WAS EYE PROPHYLAXIS USED?			
Yes ☒ NO ☐		40		9 1 02		YES ☒ NO ☐			
25. WAS SEROLOGIC TEST MADE?		26. WAS PRENATAL CARE GIVEN?		27. CONGENITAL OR OTHER ABNORMALITY?		IF YES, DESCRIBE.			
YES ☒ NO ☐		YES ☒ NO ☐		1 (2) 3 4 5 6 7 8 9 10					

