

(1) PLACE OF BIRTH

County of Anderson
Township of Belton
or
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

2993

Registration District No. 300 Registered No. 151
(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 Spence Lee Sims (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (18) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24, 1922
(Name of Month) (Day) (Year)
To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Benny Sims
(9) PRESENT POSTOFFICE OF FATHER Belton SC
(10) COLOR OR RACE Wal (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Millie Dotson
(15) PRESENT POSTOFFICE OF MOTHER Belton SC
(16) COLOR OR RACE Wal (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE SC
(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 Aline at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barbara J. Sims
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Belton S.C. R. 5

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb. 24, 1922 (28) Mrs. J. P. Acsh 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.

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MADE IN THE UNITED STATES OF AMERICA
REGISTERED FOR BIRTHING
WHICH PLAINLY
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE FILE NUMBER
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.