

## PLACE OF BIRTH

City of Charlottesville  
 or  
 Township of Levensworth  
 or  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1505

FILE No. for State Registrar Only

3599-aRegistered No. 29  
(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)  
 FULL NAME OF CHILD Withemuna Cleo Sims } If child is not yet named, make supplemental report as directed

Sex of Child Female If Plural Births 4 Twin, triplet, or other 1 5. Number in order of birth 1 6. Premature Yes 7. Are Parents Yes 8. Date of Birth July 16 1923  
 (Month, day, year)

FATHER John Sims MOTHER Cleo Smith  
 Full maiden name

Residence (usual place of abode) Doverville, SC 19. Residence (usual place of abode) Doverville, SC  
 (If non-resident, give place and date of residence)

Color Negro 12. Age at last birthday 32 (Years) 20. Color of child Negro 21. Age at last birthday 20 (Years)

Birthplace (city or place) S.C. 22. Birthplace (city or place) S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farm Labor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

Number of children of this mother 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

If stillborn, period of gestation months 29. Cause of stillbirth Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 h. m. on the date above stated.  
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

My name added from supplemental report (Date of) \_\_\_\_\_

Address Doverville, SC

File Jan 6 1935 Mrs. C. H. Oker Registrar

Certify above is correct  
John Sims  
 Mother of child