

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MEDICAL OFFICE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

36475

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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 case of Twin or Triplet

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

9-30-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bernie Simms

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorisilla Jones

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Hand

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Louise Caldwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-16-22

(28) In, Th. Brown

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.