

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
39428

PLACE OF BIRTH
 City of Marlboro.....
 County of Smithville.....
 or
 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. 3206... Registered No. 62.....
 (For use of Local Registrar)

(No. St. Ward)
 (If child is not yet named, make supplemental report as directed)

Full Name of Child Lillie Bell Simpson.....

(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 15</u> <u>1922</u> (Name of Month) (Day) (Year)
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FATHER.

Full Name William, L. Simpson.....

Present Postoffice of Father Kellogg, S.C.

Color White, (11) AGE AT LAST BIRTHDAY 50.....
 (Years)

BIRTHPLACE N.C.

OCCUPATION Farmer

Number of children born to father, including present birth 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Brigman.....

(15) PRESENT POSTOFFICE OF MOTHER Kellogg, S.C.

(16) COLOR White, (17) AGE AT LAST BIRTHDAY 34.....
 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at 7:30..... M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. S. Funderburg
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cheraw, S.C.

Name added from a supplemental report

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

(27) Filed Nov. 20.....1922 (28) M. H. Priest 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.

Registrar Only

4.....
 (Year)

..Ward)

ed, make directed

2.....
 (Year)

S.C.

.....
 (Year)

S.C.

A.M.
 (A. M. or P. M.)

Midwife

Cheraw, S.C.

M. H. Priest
 Registrar.
 return.