

## (1) PLACE OF BIRTH

County of Mecklenburg  
 Township of Albion  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

(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

File No.—For State Registrar Only

4683

Registration District No. 141.3 Registered No. 10  
 (For use of Local Registrar)

(2) Full Name of Child William D. Simpson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(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>Feb 08 - 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Simpson</u>			(14) NAME BEFORE MARRIAGE <u>Jimie Ann Butler</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lilburn</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lilburn</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Hamlet N.C.</u>			(18) BIRTHPLACE <u>Hamlet N.C.</u>	
(13) OCCUPATION <u>Iron Worker</u>			(19) OCCUPATION <u>Iron Worker</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William D. Simpson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 11 1923

(28)

1923

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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. TIME OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.