

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
the Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4408Registered No. 13
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Sims

If child is not yet named, make supplemental report as directed

(3) SEX OR
GUILDBoy(4) Twin
or TripletNo(5) Number in
order of birth1(6) Age
Previous
MarriageYes(7) DATE OF
BIRTHNov 12 1923
(Month of Month) (Day) (Year)FULL
NAMEEnal SimsPRESENT
POSTOFFICE
OF FATHERYork #1COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY50
(Years)

BIRTHPLACE

York Co.

OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEPearl Miller(15) PRESENT
POSTOFFICE
OF MOTHERYork #1(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

FarmerNumber of children born to
mother, including present birth8(21) Number of children of this mother
now living, including present birth8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour) (Day) (Month) (Year)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed

Nov 16 1923

(28)

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