

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.

McNaw, of Columbia

(1) PLACE OF BIRTH
County of Edgemoor
Township of Windsor
or
Inc. Town of
or
City of Edgemoor
(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
46074

Registration District No. 182 Registered No. 1
(For use of Local Registrar)
SL: Ward

(2) Full Name of Child Mich. Brock Simpson A child is not yet named, make
interim report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>1/1/14</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Simpson</u>			(14) NAME BEFORE MARRIAGE <u>D. K.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgemoor SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgemoor SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Edgemoor SC</u>			(18) BIRTHPLACE <u>Edgemoor SC</u>	
(13) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>Labourer</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. A. Edwards
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgemoor

Given name added from a supplemental report

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

(27) Filed Jan 10 1915 (28) J. A. Edwards 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.

THIS MONTH OF PREGNANCY.