

PLACE OF BIRTH
County of Chas

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

File No.—For State Registrar Only

16970

City of

or
Town of Chas

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

Registration District No. 9 A

Registered No. 837
(For use of Local Registrar)

(No. 14 Rose Lane St. ... Ward)

Full Name of Child Rubie Simbler

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

SEX—
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
Is to be entered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 19 23
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Rubin Simbler

PRESENT POSTOFFICE OF FATHER

Chas S.C.

COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE

Chas S.C.

OCCUPATION

Butcher

Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Mary Morris

(15) PRESENT POSTOFFICE OF MOTHER

Chas S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Chas S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:30 P.M. on the date above stated.
(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

101....

Registrar

(26) Witness

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

(27) Filed

10/23 1923

(28) 10:30 P.M.

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.

1 over

10:30 P.M.