

(1) PLACE OF BIRTH

County of YorkTownship of Brook River

City of

City of

(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

No. 8870—For State Registrar Only

8870

Registration District No. 4402Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Simon Bepe

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex of Child <u>Male</u>	(7) DATE OF BIRTH <u>Feb 11, 1933</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Freeman(9) PRESENT POSTOFFICE OF FATHER Rocky Gap(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 47 (Year)(12) BIRTHPLACE York(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Freeman(15) PRESENT POSTOFFICE OF MOTHER Rocky Gap(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE York(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Rocky Gap

Given name added from a supplemental report

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

(26) Filed 3/30/33 (27) 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.