

Form No. 1

(1) PLACE OF BIRTH

County of Aiken.....Township of Langley..or
Inc. Town ofCity of Near Langley.....

(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

2698

Registration District No. 7.1.7.9 Registered No. 7.1.....
(For use of Local Registrar)(2) Full Name of Child Lehas Edward Simpson If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at Birth <u>1 yr</u>	(7) DATE OF BIRTH..... <u>18 Feb. 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL
NAME Lehas Simpson(9) PRESENT
RESIDENCE
OF FATHER Langley St(10) COLOR
OR
RACE Colored (11) AGE AT LAST
BIRTHDAY 49

(12) BIRTHPLACE

Hand loom lo ga(13) OCCUPATION
Lehas Red(14) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Lula Edwards(15) PRESENT
RESIDENCE
OF MOTHER Langley St(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 37

(18) BIRTHPLACE

Aiken Co St(19) OCCUPATION
Domestic(20) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Aiken... at 12. 00...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 26. 1923. (28) L. W. Spradley
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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.