

(1) PLACE OF BIRTH

County of MarionTownship of Halswell

or

Inc. Town of

or

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

File No.—For State Registrar Only

14239

Registration District No. 11.0.4 Registered No. 18

(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Eddie Simer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? ✓ (7) DATE OF BIRTH May 17 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lowzer Simer(9) PRESENT POSTOFFICE OF FATHER Leeds S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Union, C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Vasti Glenn(15) PRESENT POSTOFFICE OF MOTHER Leeds S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Union, C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catherine Simer(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Leeds S.C.

Given name added from a supplemental report

191.

Registrar

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

(27) Filed May 25 19122 (28) J. L. McDaniel 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.

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