

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Plainsville  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 2876

41253  
 Registered No. 126  
 (For use of Local Registrar)

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

(2) Full Name of Child Polly Simpson

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>no</u>	(5) DATE OF BIRTH <u>Mar 30, 1928</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(6) FULL NAME <u>Ray Simpson</u>			(14) NAME BEFORE MARRIAGE <u>Phineas Bell</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Heath Springs</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Heath Springs S.C.</u>	
(8) COLOR OR RACE <u>Black</u>			(9) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(10) BIRTHPLACE <u>Lancaster Co</u>			(11) COLOR OR RACE <u>Black</u>	
(12) OCCUPATION <u>Farm Help</u>			(13) AGE AT LAST BIRTHDAY <u>17</u> (Year)	
(16) BIRTHPLACE <u>Lancaster Co</u>			(17) OCCUPATION <u>Farm Help</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) L. D. Bishop

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

19 .....

(27) Filed

19 .....

(28) By

Local Registrar

\*When there was no attending physician or midwife, then the father, household, etc., should make the report.  
 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.

\*If a child breathes even once, it must not be reported as stillborn.  
 before the fifth month of pregnancy.