

Form No. 10.
 IN CASE OF TWINS OR TRIPLETS, WITH DIFFERENT FATHERS, THIS IS A SEPARATE REPORT FOR EACH CHILD, AND MARK THE
 M. N. IN CASE OF TWINS OR TRIPLETS, AND A SEPARATE REPORT FOR EACH CHILD, AND MARK THE
 M. N. IN CASE OF TWINS OR TRIPLETS, AND A SEPARATE REPORT FOR EACH CHILD, AND MARK THE
 M. N. IN CASE OF TWINS OR TRIPLETS, AND A SEPARATE REPORT FOR EACH CHILD, AND MARK THE

(1) PLACE OF BIRTH

County of Lancaster

Township of Lake City

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10 17

Registration District No. 2573

Registered No. 9

(For use of Local Registrar)

St.; _____ Ward)

(No. _____ If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Lesterow Simpson

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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY

(Years)

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(37) Filed Jan 14 1916

(38) C. D. Rollins 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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