

Form No. 1

(1) PLACE OF BIRTH

County of Spencer
 Township of Spencer
 or
 Inc. Town of McClure
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
17942

Registration District No. 906 Registered No. 44
 (For use of Local Registrar)

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

(2) Full Name of Child Eddie 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 4 6. Are Parents Married? Yes 7. DATE OF BIRTH June 14 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Samuel Simpson
 9. PRESENT POSTOFFICE OF FATHER McClure
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Year)
 12. BIRTHPLACE McClure
 13. OCCUPATION Day Laborer
 20. Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Grant
 (15) PRESENT POSTOFFICE OF MOTHER McClure
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 44 (Year)
 (18) BIRTHPLACE Spencer
 (19) OCCUPATION Day Laborer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Amie Debus
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClure

Given name added from a supplemental report

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

(27) Filed June 27 19 22 (28) Geo E. Buchanan 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3