

(1) PLACE OF BIRTH

County of YorkTownship of Cherry

Inc. Town of

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

8983

Registration District No. 3801 Registered No. 7
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Minnie Simpson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 16 1922
(Name of Month) (Day) (Year)

FATHER

(9) FULL NAME Willie Simpson(10) PRESENT POSTOFFICE OF FATHER Lykesland SC(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 19 (Years)(13) BIRTHPLACE Wicklong Co SC(14) OCCUPATION Home Man(15) Number of children born to mother, including present birth 2

MOTHER

(16) NAME BEFORE MARRIAGE Minnie Brozge(17) PRESENT POSTOFFICE OF MOTHER Lykesland SC(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 22 (Years)(20) BIRTHPLACE Wicklong Co SC(21) OCCUPATION Home Wife(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 5:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Linnie Brozge(25) State whether Physician or Midwife Midwife(26) Address of Physician or Midwife Lykesland SC

Given name added from a supplemental report

(27) Witness

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

(28) Registrar

Jan 22 1922 (29) A. B. Campbell 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.