

Form No. 1

## (1) PLACE OF BIRTH

County of BlytheTownship of St. Helena

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

12996

Registration District No. 607Registered No. 67  
(For use of Local Registrar)

(No. .... 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

Julia Simpson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

Number in order of birth

(5) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 2, 1925  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Joseph Simpson

(9) PRESENT POSTOFFICE OF FATHER

Frogmore

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

St. Helena

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Trevelyan

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

St. Helena

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 2 hrs. at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Henrietta W. Washington

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signatures of Witness necessary only when Question 23 is signed by mark)

(27) Filed

3/14/1925 (28) W. B. Thomas 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.