

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Castrovilleor  
Loc. Town of .....or  
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

Registration District No. 3801

File No. — For State Registrar Only

3373.1Registered No. 71  
(For use of Local Registrar)(2) Full Name of Child James Simon

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

(3) BOY OR GIRL Boy(4) Twin or Triplet Yes(5) Number of children born to mother 3(6) Are Parents Married Yes

(7) DATE OF BIRTH

Sept. 1, 1923  
(Month) (Day) (Year)

## FATHER

(8) FULL NAME Bernell Simon(9) PRESENT RESIDENCE OF FATHER Castroville, S.C.(10) COLOR Black(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 3

## MOTHER

(13) NAME BEFORE MARRIAGE Gracie Simon(14) PRESENT RESIDENCE OF MOTHER Castroville, S.C.(15) COLOR Black(16) OCCUPATION Farmer(17) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Jacob(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Castroville, S.C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

\*When there was no attending physician, then the father, householder, etc., should make this report. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the month of pregnancy.

(27) Local Registrar AB. C. Lee