

MAKING RESERVES FOR BIRTHING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, IN QUESTION 8. FIRST-BORN, No. 1. THE OTHER, No. 2, etc.

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

File No.—For State Registrar Only
44699

(1) PLACE OF BIRTH
County of **Cherokee**
Township of _____
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. **4008** Registered No. **380**
(For use of Local Registrar)
St. R. _____ Ward _____

(2) Full Name of Child **Carlton Blackwell Simpson**
If child is not yet named, make report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? _____ (5) Number in order of birth _____
To be answered only in case of Twins or Triplets

(6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Nov 30** 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Leah Simpson**
(9) PRESENT POSTOFFICE OF FATHER **Cowpens**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **19** (Years)
(12) BIRTHPLACE **Wiley S.C.**
(13) OCCUPATION **Will Land**
(20) Number of children born to mother, including present birth **one**

MOTHER.

(14) NAME BEFORE MARRIAGE **Mamie Blackwood**
(15) PRESENT POSTOFFICE OF MOTHER **Cowpens**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **20** (Years)
(18) BIRTHPLACE **Cowpens**
(19) OCCUPATION **House wife**
(21) Number of children of this mother now living, including present birth **one**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born** at _____ (Hour **2** A. M. or P. M.)
(Born alive or stillborn)

(23) (Signature) **W. B. Woodward** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Wiley S.C.**

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **E. F. Barker**
Local Registrar

Given name added from a supplemental report **5/21/43** 1915
W. B. Woodward Registrar
Filed **Dec 15** 1915

*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.

*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.