

Form No. 1

(1) PLACE OF BIRTH

County of Willieausburg
Township of Mingo # 9.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87812

Inc. Town of Registration District No. 4307, Registered No. 3231
(For use of Local Registrar)
City of (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 Caligatex Simpson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 2 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Isaac Simpson
(9) PRESENT POSTOFFICE OF FATHER Morrisville SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY X (Years)
(12) BIRTHPLACE Morrisville S.C.
(13) OCCUPATION Logging
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Wilson
(15) PRESENT POSTOFFICE OF MOTHER Morrisville SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY X (Years)
(18) BIRTHPLACE Morrisville S.C.
(19) OCCUPATION Wash Laundry
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. Grier

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Morrisville SC

Given name added from a supplemental report

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

(27) Filed 11/18/16 1916 (28) G. E. Grier 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.

MARGIN RESERVED FOR FINDING. WRITE TABLET, WITH UNFADING INK—THIS IS A PERMANENT RECORD. If in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCraw, of Columbia.