

Form No. 3

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of LaurensCity of Laurens

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

Registration District No. 29th

File No. — For State Registrar Only
30934

Registered No. 115
(For use of Local Registrar)

(2) Full Name of Child Willie Simpson (No. 115 St. 115 Ward 115)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie Simpson
(9) PRESENT POSTOFFICE OF FATHER Laurens SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE Laurens SC

(13) OCCUPATION Laborer - Railroad

(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Willie May Murray
(15) PRESENT POSTOFFICE OF MOTHER Laurens SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Laurens SC

(19) OCCUPATION Coak

(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 8 P. M.

(23) (Signature) Lina Chaplin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

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

(27) Filed 10/7/22 (28) C. Kennedy
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.