

## (1) PLACE OF BIRTH

County of AbbevilleTownship of MyrtleInc. Town of Cashum Falls

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

No. 10.—For State Registrar Only  
26803Registration District No. 109Registered No. 99  
(For use of Local Registrar)(2) Full Name of Child Genevieve Simpson

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

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 2 1 10 23  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME R. Darnie Simpson(9) PRESENT POSTOFFICE OF FATHER Cashum Falls S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Cotton mill(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Susie Francis Riggs(15) PRESENT POSTOFFICE OF MOTHER Cashum Falls S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 11 P.  
on the date above stated. (Reg. alive or stillborn) Hour M. or P. M.)(22) (Signature) J. L. Riggs(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Cashum Falls S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Date Oct. 9, 1923 (27) 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.

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