

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Inc. Town of .....or  
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Kellie Simpson

File No.—For State Registrar Only

16639

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 40-aRegistered No. 229  
(For use of Local Registrar)

St.: ..... Ward)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH May ..... 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Kellie Simpson

(9) PRESENT POSTOFFICE OF FATHER

205 Cudd St.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Tailor & Presser

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Check

(15) PRESENT POSTOFFICE OF MOTHER

205 Cudd St.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

(21) 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 Born alive ..... at 2:10 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Sheridan M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22(28) Jas. Copes 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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