

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

4995

Registration District No. 38Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Dr. Raymond Simon

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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 3, 1917 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dr. Raymond Simon Jr.(9) PRESENT POSTOFFICE OF FATHER Mobile Ala.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Manager Bennett Sales.(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Brown(15) PRESENT POSTOFFICE OF MOTHER Mobile Ala.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housekeeper(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 born alive on the date above stated. (Hour A. M. or P. M.)(22) (Signature) L. R. Phillips M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife 1412 Bull St.

Even name added from a supplemental report

(25) Witness

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

(26) J. H. Simpson (27) J. H. Simpson 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.