

MAJOR DISCREPANCY FOR BIDDING.  
 WITH PLAINLY. INPATIENTS. THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN or TRIPLETS, fill in the blank for each child, and make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Saluda  
 Township of No 6  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only

243-0 2-38

Registration District No. 3905 Registered No. 114  
 (For use of Local Registrar)

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

(2) Full Name of Child Lanie Amy Simpkins child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twin or Triplets (5) Are Parents Married? no (6) DATE OF BIRTH Jan 9, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Simpkins  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Years) 21  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lanie Coleman

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb 10, 1922 (28) S. W. Koon

\*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.