

## (1) PLACE OF BIRTH

County of YorkTownship of Yorkor  
Inc. Town ofor  
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

File No.—For State Registrar Only

30667

Registration District No. 4408Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Carl Thomas Simpson

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

(1) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth  
to be answered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 21 1903

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carl Thomas Simpson(9) PRESENT POSTOFFICE OF FATHER York Co.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. L. W. Simpson(15) PRESENT POSTOFFICE OF MOTHER York Co.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Homemaker(20) 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 at 10:30 M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. Simpson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York Co. S.C.

(When name added from a supplemental report)

(26) Witness

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

(27) Filed Sept 23 1903

(28)

Paulie Pearson

Local Registrar

\*When there was no attending physician or midwife, then the father, householder etc. should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

B. M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 1.