

(1) PLACE OF BIRTH

County of Greene, Ga.
 Township of W. H. H. H. H.
 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

17231

Registration District No. 12. A. 4 Registered No. 51
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be answered only in case of Twin or Triplet	5. Number in order of birth	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH <u>June 26, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>John S. Simpson</u>			14. NAME BEFORE MARRIAGE <u>Mary M. S. Castle</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Leicester, N. C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Leicester, S. C.</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>26</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>24</u> (Years)	
12. BIRTHPLACE <u>S. C.</u>		18. BIRTHPLACE <u>S. C.</u>		
13. OCCUPATION <u>Farmer</u>		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>1</u>		21. Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 10:30 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Leicester, N. C.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

19
 Registrar

(27) Filed July 6, 1923 (28) D. F. Beach
 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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