

(1) PLACE OF BIRTH

County of Newberry
Township of No. 2
Inc. Town of _____
City of _____

CERTIFICATE OF BIRTH

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

No. for this Register City

486

Registration District No. 3400 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child John Lee Sims

1. SEX OR MARITAL STATUS Male 2. Type of Triplet Single 3. Number in order of birth 3rd 4. Are Parents Married Yes 5. DATE OF BIRTH Feb 2, 1923
(Name of Month) (Day) (Year)

FATHER. 6. FULL NAME Arthur Sims 7. PRESENT POSTOFFICE OF FATHER Newberry S.C. 8. COLOR OR RACE Black 9. BIRTHPLACE Newberry S.C. 10. OCCUPATION Farmer 11. AGE AT LAST BIRTHDAY 25 12. Number of children born to mother, including present birth 3

MOTHER. 13. NAME BEFORE MARRIAGE Mary Ruff 14. PRESENT POSTOFFICE OF MOTHER Newberry S.C. R#2 15. COLOR OR RACE Black 16. BIRTHPLACE Newberry S.C. 17. OCCUPATION Housework 18. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (23) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(24) (Signature) Emma T. Ruff (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Newberry S.C. (27) Signature of Witness necessary only when question 23 is signed by mark D. S. Cunningham (28) Date Feb 10, 1923 (29) Local Registrar W. H. Ruff

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches from a stillborn, the report is desired of stillbirths.