

## (1) PLACE OF BIRTH

County of Greenville  
 Township of St. Mark  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. 3497 For State Registrar OnlyRegistration District No. 1910Registered No. 4  
(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 Kars Simon

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Allen Simon  
 (9) PRESENT POSTOFFICE OF FATHER Foreston SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Joe Lissac  
 (15) PRESENT POSTOFFICE OF MOTHER Foreston SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 2 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidia Conyers M. D.  
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife Foreston SC

Given name added from a supplemental report

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

(27) Filed 7.8 Feb 23 (28) M. P. Pratt  
 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.