

Form No. 1

(1) PLACE OF BIRTH

County of AlbermarleTownship of Hammonds

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

16410

Registration District No. 205Registered No. 12

(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 Leon Thomas Sims

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH March 30 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Leon Sims(9) PRESENT POSTOFFICE OF FATHER Augusta La. 23(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE La(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Annie Belle Bing(15) PRESENT POSTOFFICE OF MOTHER Augusta La. 23(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE La(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis X. Porter(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness W. C. Dobbins

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

(27) Filed July 3 1923 (28) J. M. Borton 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.