

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16629

County of Spartanburg

Township of .....

or

Inc. Town of Spartanburg

or

City of SpartanburgRegistration District No. 40-aRegistered No. 219

(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 Robert E Lee Simpson

{ 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 May 20, 1922

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Robert Simpson(14) NAME BEFORE MARRIAGE Maril Martain(9) PRESENT POSTOFFICE OF FATHER Kalburg, SC(15) PRESENT POSTOFFICE OF MOTHER Kalburg, SC(10) COLOR OR RACE Celan(11) AGE AT LAST BIRTHDAY 29

(Years)

(16) COLOR OR RACE Celan(17) AGE AT LAST BIRTHDAY 19

(Years)

(12) BIRTHPLACE Laurens, SC(18) BIRTHPLACE Kalburg, SC(13) OCCUPATION Commander(19) OCCUPATION House Waking(20) Number of children born to mother, including present birth 1(21) 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....  
on the date above stated.C. L. Wilson at 1:00 A.M.  
(Born alive or stillborn? (Hour A. M. or P. M.))(23) (Signature) C. L. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22(28) Gas. Copies

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.