

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Pinebluff*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19748

Registration District No. *5614*Registered No. *77*
(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 *Belle Simon*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *June 28, 1932*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Simon*(9) PRESENT POSTOFFICE OF FATHER *Elloree SC*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *24*
(Years)(12) BIRTHPLACE *Orangeburg Co*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marine Fogle*(15) PRESENT POSTOFFICE OF MOTHER *Elloree SC*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *20*
(Years)(18) BIRTHPLACE *Orangeburg Co*(19) OCCUPATION *House Keeping*(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 *Alive* at *3 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Belle Hilliard*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Elloree SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 1, 1932*(28) *H. G. Dantler* 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.