

(1) PLACE OF BIRTH

County of Whitaker

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Park Harder Sims

File No.—For State Registrar Only

37684

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1002Registered No. 58
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL boy

(4) Twin or Triplet

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Claud Sims

(9) PRESENT POSTOFFICE OF FATHER

Jonesville, RFD

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Union Co SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Packer

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville RFD

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Whitaker Co SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 1, 1922 (28) Sam J. Strain 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins or triplets, give separate blank for each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.