CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32124

(1) PLACE OF BIRTH
County of Spartanburg
Township of .....
or
Inc. Town of .....
or
City of Spartanburg (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-a Registered No. 417
(For use of Local Registrar)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of Birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	—	—	Yes	4-25-22

FATHER

(8) FULL NAME Robert Sims
(9) PRESENT POSTOFFICE OF FATHER Spartanburg
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 58 (Years)
(12) BIRTHPLACE Spartanburg S.C.
(13) OCCUPATION Public Works

MOTHER

(14) NAME BEFORE MARRIAGE Annie Bird
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Spartanburg S.C.
(19) OCCUPATION Laundry

(20) Number of children born to mother, including present birth 6
(21) Number of children of this mother now living, including present births 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn) on the date above stated. at 5:30 (Hour A. M. or P. M.)

(23) (Signature) John Preston Mahon
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife 128 Converse St

Given name added from a supplemental report .....
..... 19 .....
Registrar

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

(27) Filed 10-1-1922 (28) Jas. Copes 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.