

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

No. for State Registrar Only
38034

Registration District No. **44B** Registered No. **298**
 (For use of Local Registrar)

Name of Child **Ryle Simpson** (If child is not yet named, make supplemental report as directed)
 (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

Sex **B** (M) Twin or Triplet **X** (F) Number in order of birth **X** (6) Are Parents Married **X** (7) DATE OF BIRTH **11-19-23**
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 Name **Joe Murray**
 Residence **Rock Hill**
 (11) AGE AT LAST BIRTHDAY **34**
 (Year)
 Occupation **Chesler Co. Mechanic**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Hellie Roy McIsaac**
 (15) PRESENT POSTOFFICE OF MOTHER **Rock Hill**
 (16) COLOR OR RACE **W.** (17) AGE AT LAST BIRTHDAY **31**
 (Year)
 (18) BIRTHPLACE **Chesler Co.**
 (19) OCCUPATION **Dom**

(21) Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **13** years old at **9** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) **Donald Ryle**
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **12/11/23** (28) **Local Registrar.**

If 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.