

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(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

29280

1417

County of

Township of

or

Inc. Town of

or

City of Charleston (No. 33 Croft St.; Ward)

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

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Barth. Simpson } 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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 22 1932

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Barth. Simpson

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Labors

(14) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Brudak mick

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION House work

(20) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Stillborn, at 3 U. S. Rm on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Green

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 408 Morrison St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/28 1932

(28)

J. Mercier Green M.D.
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.