

(1) PLACE OF BIRTH

County of Colleton
 Township of Louder
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27883

Registration District No. 1407Registered No.
(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 Scott Simpson 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 case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Scott Simpson(9) PRESENT POSTOFFICE OF FATHER Green Pond(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Simpson(15) PRESENT POSTOFFICE OF MOTHER Green Pond(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Farmer(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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Simpson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Green Pond

Given name added from a supplemental report

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

(27) Filed Jan 23 19 23 (28) 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.

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