

10/27/43 w 504 ack Jackson-Simpkins corres

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of.....Aiken.....
Township of.....Hammond.....
or
Inc. Town of.....Kathwood.....
or
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 205

FILE No.—For State Registrar Only

00158

Registered No.
(For use of Local Registrar)

City of..... (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

Carrie Bell Simpkins

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

3. Boy or Girl Girl	4. Twins, triplets or other..... 5. Number, in order of birth.....	6. Premature..... Full term... X ...	7. Are Parents Married?... Yes ...	8. Date of birth..... <u>May 22</u> <u>1916</u> (Month, day, year)
9. Full name FATHER <u>Jim Simpkins</u>		18. Name before marriage MOTHER <u>Rena Roundtree</u>		
10. Residence (mailing address) (If non-resident, give place and State)..... <u>Cathwood, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State)..... <u>Cathwood, S.C.</u>		
11. Color or race..... <u>Colored</u>	12. Age at child's birth..... <u>31</u> (years)	20. Color or race..... <u>Colored</u>	21. Age at child's birth..... <u>24</u> (years)	
13. Birthplace (city or place) (State or country)..... <u>Cathwood, S.C.</u>		22. Birthplace (city or place) (State or country)..... <u>Cathwood, S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>Housewife</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....		
16. Date (month and year) last engaged in this work..... <u>19</u>		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work..... <u>19</u>
26. Total time (years) spent in this work.....				
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... <u>2</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn.....				
28. If stillborn, period of gestation..... <u>months</u> weeks		29. Cause of stillbirth..... Before labor..... During labor.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report.....
(Date of)

(Signed).....Rena Roundtree Simpkins..... Parent
or....., Guardian

Address.....Kathwood, S.C......E. A. Riser, M. D.

Filed.....NOV 22 1943.....11-22-43.....
Registrar.