

10/27/43 w 50¢ ack Jackson-Simpkins corres

11-10-43

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

16 092882
 FILE No.—For State Registrar Only
 00158

Registered No.
 (For use of Local Registrar)

2. FULL NAME OF CHILD Carrie Bell Simpkins { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births { 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth May 22, 19 16
 5. Number, in order of birth..... Full term X

9. Full name FATHER Jim Simpkins

18. Name before marriage MOTHER Rena Roundtree

10. Residence (mailing address) Cathwood, S.C.
 (If non-resident, give place and State)

19. Residence (mailing address) Cathwood, S.C.
 (If non-resident, give place and State)

11. Color or race Colored 12. Age at child's birth 31 (years)

20. Color or race Colored 21. Age at child's birth 24 (years)

13. Birthplace (city or place) Cathwood, S.C.
 (State or country)

22. Birthplace (city or place) Cathwood, S.C.
 (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

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 19..... 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19..... 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 2 (b) Born alive but now dead 0 (c) Stillborn.....

28. If stillborn, period of gestation..... months 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.

(Signed) Rena Roundtree Simpkins Parent

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

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

Filed NOV 22 1943, 19..... 11-22-43 Registrar.

Registrar.