(1) PLACE OF BIRTH

County of Calhoun

Township of Lewisetown

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

29129

Registration District No. 8.C.1... Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	Sept 25 1922

FATHER.

(8) FULL NAME: Thomas Simpson

(9) PRESENT POSTOFFICE OF FATHER: St Matthews

(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farm hand

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Wine, Mikel

(15) PRESENT POSTOFFICE OF MOTHER: St. Matthews

(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: ..... (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Farm Hand

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M., on the date above stated.

(Born alive or stillborn) (Hour—A. M. or P. M.)

(23) (Signature) Lucenia Flowers

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19....

Registrar

(26) Witness .....

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

(27) Filed Oct 5 1922 (28) T. H. Murph

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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A Smith sub

McCAW OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.