

FORM NO. 2
MARGIN RESERVE FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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
County of Greenwood
Township of
or
Inc. Town of Registration District No. Registered No.
or
City of Greenwood (No. 201 Parker 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
85894

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 2 (6) Are Parents Married? ye (7) DATE OF BIRTH Nov 16, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm C Simpson</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Jarvis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Greenwood, SC</u>	(18) BIRTHPLACE <u>Tennessee</u>	(13) OCCUPATION <u>Mill Employee</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at home at 6:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jno K. Marshall
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood, SC

Given name added from a supplemental report

..... 191.....
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Registrar

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

(27) Filed 11/18 1916 (28) M. A. Williams 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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