

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Sendleton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

5874

Registration District No. 310Registered No. 27  
(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 Guy Lee 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 event of Twin or Triplet (5) Number in order of birth (6) Sex Yes (7) DATE OF BIRTH Mar. 31, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Simpson(9) PRESENT POSTOFFICE OF FATHER Sendleton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Year)(12) BIRTHPLACE Anderson, C.S.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 Nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Taylor(15) PRESENT POSTOFFICE OF MOTHER Sendleton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Indiana(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Annie Moore(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sendleton

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr. 14, 1923 (28) N. W. Leavright  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

Moore (July)

MAINTAIN SEPARATE RECORD FOR EACH CHILD, AND MAKE THE  
 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 make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF STATISTICS, COLUMBIA, S. C.