

(1) PLACE OF BIRTH

County of LauversTownship of Lauversor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

30981

Registration District No. 1904 Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Rosa Lee Sims

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 1 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Sims</u>			(14) NAME BEFORE MARRIAGE <u>Lula D Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ora SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ora SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)	
(12) BIRTHPLACE <u>Lauvers Co SC</u>			(18) BIRTHPLACE <u>Lauvers Co SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 a.m. on the date above stated.
(Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Anderson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lauvers SC

Given name added from a supplemental report

(26) Witness O. C. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12 (28) R. E. Bishop 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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