

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 8, 1914

FATHER.

(8) FULL NAME

Hadden Fredrick Simpson

(9) PRESENT POSTOFFICE OF FATHER

Cory Branch

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Elizabeth Pepler

(15) PRESENT POSTOFFICE OF MOTHER

Cory Branch

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 14, 1914

(28)

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42929

Registration District No.

2403

Registered No.

(For use of Local Registrar)

(No. St.; Ward)

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

(Name of Month) (Day) (Year)

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