

PLACE OF BIRTH

County of Anderson
 Township of Broadway
 or
 Inc. Town of

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

File No.—for State Registrar Only
12786

Registration District No. 301 Registered No. 12
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

2 SEX OF CHILD	4 Twin or Triplet To be answered only in case of Twin or Triplet	5 Number in order of birth	6 Are Parents Married	7 DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Leo Sims</u>			14 NAME BEFORE MARRIAGE <u>Lucas Sims</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Belton SC</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u>	
10 COLOR OR RACE <u>negro</u>	11 AGE AT LAST BIRTHDAY <u>18</u> (Year)	12 BIRTHPLACE <u>La</u>	13 COLOR OR RACE <u>negro</u>	16 AGE AT LAST BIRTHDAY <u>40</u> (Year)
13 OCCUPATION <u>carver</u>			17 BIRTHPLACE <u>unrecorded</u>	
14 OCCUPATION <u>carver</u>			18 OCCUPATION <u>carver</u>	
15 Number of children born to mother, including present birth <u>1 son</u>			19 Number of children of this mother now living, including present birth <u>1 son</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)
 (22) State whether Physician or Midwife

Give name added from a supplemental report

 19 Registrar

(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (24) Filed June 10 1923 (25) W. H. Campbell 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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