(1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Rock Hill S.C.

(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
2738

Registration District No. 4413 Registered No. 7
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Margaretta Simpson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Jan 16 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE Melissa Simpson
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Rock Hill
(10) COLOR OR RACE	(16) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY..... (Years)	(17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE S.C.
(13) OCCUPATION	(19) OCCUPATION Solo[illegible]
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Steel

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ..... Registrar

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

(27) Filed 2/4/ 1922 (28) J. E. Mc[illegible] 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.