

(1) PLACE OF BIRTH

County of Edgefield
 Township of
 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

30015

Registration District No. 1803 Registered No. 22
 (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 Edie Georgia Anna Simpkins Child is not yet named; make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 9, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sam Simpkins(9) PRESENT POSTOFFICE OF FATHER Carriers S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Carriers(15) PRESENT POSTOFFICE OF MOTHER Carriers S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 62 y.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Ann Simpkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Carriers S.C.

Give name added from a supplemental report

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

(27) Filed Sept 23, 1922 at J. B. Miller
 Registrar 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 children before the fifth month of pregnancy.

When a woman or attendant use a SIGNATURE PLATE FOR EACH CHILD, and mark the PLATE-MARK, No. 1, this official, No. 2, etc., in question 5.

MISSOURI BY COLUMBIA, COLUMBIA, W. C.