

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

(1) PLACE OF BIRTH
County of Fairfield
Township of H. 3
OF
Inc. Town of
OF
City of (No. St.; Ward)
(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

46131

Registration District No. 1902 Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Victor Simpson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Victor Simpson
(9) PRESENT POSTOFFICE OF FATHER Blackstock S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Fairfield co.
(13) OCCUPATION Farmer.

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Kunthap.
(15) PRESENT POSTOFFICE OF MOTHER Blackstock, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Fairfield co.
(19) OCCUPATION house wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Cordelia S. S. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1001 Lock St. C.

Given name added from a supplemental report

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

(27) Filed Jan. 1, 1916 (28) C. R. Fowler
Registrar 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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