

## (1) PLACE OF BIRTH

County of Robeson

Township of .....

Inc. Town of .....

City of Columbia

(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

36221

Registration District No. 284 Registered No. 1835

(For use of Local Registrar)

(No. 1921 Dauphin St. ..... Ward .....)(2) Full Name of Child William Braton 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 21 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME William Simpson(14) NAME BEFORE MARRIAGE May Bond Screven(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE N.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Trading Salesman(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 2(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife 14 16 ...

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 11-5-1912 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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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.

McGraw-Hill