

(1) PLACE OF BIRTH  
County of Pickens

Township of .....

or  
Inc. Town of .....

or  
City of Early

(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  
**50192**

Registration District No. 37-a Registered No. 19

(For use of Local Registrar)

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

(3) ~~BOY OR~~ GIRL? ☒ (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Feb. 22 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME O'Dell Simpson

(9) PRESENT POSTOFFICE OF FATHER Early S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Pickens Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maggie Byrd

(15) PRESENT POSTOFFICE OF MOTHER Early S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Pickens Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Jarnison (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Early S.C.

Given name added from a supplemental report  
June 9 1916  
W. H. Jarnison Registrar

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

(27) Filed May 6 1916 (28) E. H. Hyatt 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.

\*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.

FORM NO. 8  
WHILE PENDING, WITH ENVELOPE 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 N. No. 1, THE OTHER, N. No. 2, etc., in question 5.  
N. B. McCaw, of Columbia