

(1) PLACE OF BIRTH

County of CalhounTownship of 2

In Town of

City of

(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

11000

Registration District No. 3901Registered No. 48
(For use of Local Registrar)

City of

(2) Full Name of Child Island Simpkins If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Feb 25 03
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Island Simpkins</u>	(14) NAME BEFORE MARRIAGE <u>Superior Watson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Monetta, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Monetta, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Edgewood</u>	(18) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>Edgewood</u>	(20) OCCUPATION <u>Garment House-keeper</u>
(21) Number of children born to mother, including present birth <u>7</u>	(22) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive as born alive on the date above stated. (Hour A. M. or P. M.)(24) (Signature) O. B. Smith (25) Address of Physician or Midwife Phys. Edge Spring

Given name added from a supplemental report

101

Registrar

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

(27) Filed May 4 1903 (28) Wm J. Branch 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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