

## (1) PLACE OF BIRTH

County of *Spartanburg*

Township of .....

or

Inc. Town of .....

or

City of *Spartanburg*

(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

16638

Registration District No. *40-a*Registered No. *228*

(For use of Local Registrar)

(No. ....

St.; ....

Ward)

(2) Full Name of Child *Francis E. Simpson*

If child is not yet named, make supplemental report as directed

(3) ~~Is~~ GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *May 22 1922*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Wilson Simpson*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *55* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *laborer*(20) Number of children born to mother, including present birth *16*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Leana McClinton*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *51* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *11*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:00* P.M. on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *H. E. Mason (Physician)*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *6-1-22* (28) *Jas. Copes* 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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