

(1) PLACE OF BIRTH

County of Caldwell
 Township of Warren
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3853

Registration District No. 1410 Registered No. 13
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

1. BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 3, 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

2. FULL NAME Henry Perry Simler
 3. PRESENT POSTOFFICE OF FATHER Somerset, S.C.
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)
 12. BIRTHPLACE Somerset S.C.
 13. OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Neta Neil Coaster
 (15) PRESENT POSTOFFICE OF MOTHER Somerset S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
 (18) BIRTHPLACE Caldwell Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Four

20. Number of children born to mother, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Thompson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Somerset S.C.

Given name added from a supplemental report

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

(27) Filed Mar 5, 1922 (28) Mattie Kinsey 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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