

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of York

Township of 1st

or
 Inc. Town of York

or
 City of York

(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

Registration District No. 32B

File No.—For State Registrar Only

36807

Registered No. 89
 (For use of Local Registrar)

(2) Full Name of Child Egypte Marie Simpson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 19
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Simpson

(9) PRESENT POSTOFFICE OF FATHER York, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (Year)

(12) BIRTHPLACE York, S.C.

(13) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE John Simpson

(15) PRESENT POSTOFFICE OF MOTHER York, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Year)

(18) BIRTHPLACE York, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John Simpson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife York, 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 Dec 10 1923 Local Registrar Lara Montgomery

*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.