

MADE FOR THE PURPOSE OF THE STATE OF SOUTH CAROLINA, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Conner
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

216

Registration District No. 204

Registered No. 5
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alkanza Lercha Simpson (If 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 Jan 16 1922 (8) (Day) (Year)

FATHER.
(9) FULL NAME West Simpson
(10) PRESENT POSTOFFICE OF FATHER Ira
(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 34 (Year)
(13) BIRTHPLACE And. Co.
(14) OCCUPATION Farmers

MOTHER.
(15) NAME BEFORE MARRIAGE Rosa Cross
(16) PRESENT POSTOFFICE OF MOTHER Ira
(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 35 (Year)
(19) BIRTHPLACE And Co.
(20) OCCUPATION Housewife

(21) Number of children born to mother, including present birth 1 2
(22) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 9:39 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(24) (Signature) Alkanza Lercha Simpson
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Ira

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed Jan 22 1922 (29) S. W. McAdams 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.