

(1) PLACE OF BIRTH

County of Jefferson

Township of Abbeville

Inc. Town of

City of

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

Registration District No. 1489

Registration No. 19
(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 Lady L. Simpson

(3) SEX OF CHILD Girl (4) TIME OF BIRTH 11:30 (5) DATE OF BIRTH June 11, 1919

(6) NAME OF FATHER Mose. Simpson (7) NAME OF MOTHER Maullie Simpson

(8) COLOR OF FATHER Rather (9) COLOR OF MOTHER Rather

(10) COLOR OF CHILD Col (11) AGE AT LAST BIRTH 2-1

(12) OCCUPATION Farmer (13) OCCUPATION Domestic

(14) Number of children born to mother, including present birth 1 (15) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(17) (Signature) Carroll Park (18) State whether Physician or Midwife Physician (19) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(20) Witness (Signature of Witness necessary only when question 19 is signed by mark) L. B. 9

(21) 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.

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.