

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. for State Registrar file  
2874

County of Caldwell  
Township of ...

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

Registration District No. 310 Registered No. 52  
(For use of Local Registrar)

Inc. Town of ...  
City of Carter (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 Rosale Simpson (If child is not yet named, make supplemental report as directed)

1. Sex Girl 2. Date of Birth 5-2-23  
3. Date of Triplet ... 4. Number in order of birth 1st  
To be answered only in event of Triplet or Triplet

FATHER.  
5. Full Name Ala. J. Simpson  
6. Present Postoffice of Father Carter, S.C.  
7. Color or Race W 8. Age at last birthday 37  
9. Birthplace Cald. Co., S.C.  
10. Occupation State operator  
11. Number of children born to mother, including present birth 7

MOTHER.  
12. Name before marriage Harriet Bramlett  
13. Present Postoffice of Mother Carter, S.C.  
14. Color or Race W 15. Age at last birthday 31  
16. Birthplace Kabon Co. Ga.  
17. Occupation Housewife  
18. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) C. Carter  
(25) State whether Physician or Midwife Physician  
(26) Address Carter

Given name added from a supplemental report  
19. Registrar

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(28) Filed June 11, 1923 (29) N. H. Scawiger 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.

REGISTRAR 8  
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