

THIS IS A BLANK FORM FOR EACH CHILD. NO MARKS SHOULD BE MADE ON THIS FORM. NO. 1. THE CHILD. NO. 2. ETC. IN QUESTION 2.

(1) PLACE OF BIRTH

County of Lancaster

Township of Clinton

OR

Inc. Town of Clinton

OR

City of Clinton

(No. 2803 St. 62 Ward)

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

(2) Full Name of Child James O. Simpson

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

| | | | | |
|---|--|--------------------------------------|------------------------------------|--|
| 3) SEX OR GIFT <u>Male</u> | 4) Twin or Triplet? <u>✓</u> | 5) Number in order of birth <u>1</u> | 6) Are Parents Married? <u>Yes</u> | 7) DATE OF BIRTH <u>April 11, 1922</u> (Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| 8) FULL NAME <u>James O. Simpson</u> | 14) NAME BEFORE MARRIAGE <u>Cara Sims</u> | | | |
| 9) PRESENT POSTOFFICE OF FATHER <u>Clinton, S.C.</u> | 15) PRESENT POSTOFFICE OF MOTHER <u>Clinton, S.C.</u> | | | |
| 10) COLOR OR RACE <u>White</u> | 11) AGE AT LAST BIRTHDAY <u>36</u> (Years) | 16) COLOR OR RACE <u>White</u> | | 17) AGE AT LAST BIRTHDAY <u>32</u> (Years) |
| 12) BIRTHPLACE <u>Clinton, S.C.</u> | 18) BIRTHPLACE <u>Lancaster County</u> | | | |
| 13) OCCUPATION <u>Farmer</u> | 19) OCCUPATION <u>Housewife</u> | | | |
| 20) Number of children born to mother, including present birth <u>7</u> | 21) Number of children of this mother now living, including present birth <u>7</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) J. C. Brown

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Clinton, S.C.

Given name added from supplemental report

(26) Witness J. C. Nelson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.