

WHITE PLAINES, WITH 1 IN USE. IN THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER, No. 2, etc. In question 1

(1) PLACE OF BIRTH  
County of Auderson  
Township of Cramer  
Inc. Town of .....  
City of .....  
(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

No. 2797  
Registration District No. 204 Registered No. 16  
(For use of Local Registrar)

(2) Full Name of Child Heleen Simpson  
If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Girl</u>	(b) Type of Birth <u>Normal</u> To be answered only in case of Twins or Triplets	(c) Number in order of birth <u>1</u>	(d) MARRIAGE <u>46</u>	(e) DATE OF BIRTH <u>Feb 23, 23</u> (Month of Birth) (Day) (Year)
---------------------------------	--	--	---------------------------	---

FATHER.		MOTHER.	
(6) FULL NAME <u>Charles Goodenuff Simpson</u>	(7) NAME BEFORE MARRIAGE <u>Cora E. Simpson</u>	(8) PRESENT POSTOFFICE OF FATHER <u>Ira</u>	(9) PRESENT POSTOFFICE OF MOTHER <u>Ira</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(14) BIRTHPLACE <u>Auderson Co.</u>	(15) BIRTHPLACE <u>Auderson Co.</u>	(16) OCCUPATION <u>Farming</u>	(17) OCCUPATION <u>Housewife</u>
(18) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 0:20 on the date above stated.  
(Born alive or stillborn) (Hour P. M. or P. M.)

(21) (Signature) Alcanta Gause  
(22) State whether Physician or Midwife Midwife  
(23) Address of Physician or Midwife Ira

(24) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(25) Date Feb. 24, 1923 S. Mr. Wm. H. H. H.

When there was no attending physician or midwife, the certificate shall be signed by a nurse or other person present at the birth.