

(1) PLACE OF BIRTH

County of GreenvilleTownship of

or

Inc. Town of

or

City of Greenville, S.C.

(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

File No.—For State Registrar Only

4392

Registration District No. 2109A Registered No. 57

(For use of Local Registrar)

(No. Parker Road St.; Ward)(2) Full Name of Child William Grace Simpson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 5, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Lee Simpson(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Spokane, S.C.(13) OCCUPATION Carber(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Lee Nelson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Andersonville S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hall(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1, 1922 (28) W. H. Hall 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.

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.

N. H.—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 5.

MEDICAL OFFICE, COLUMBIA, S. C.