

(1) PLACE OF BIRTH

County of Strom

Township of

or Inc. Town of

City of Strom

(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. 17595

Registration District No. 2A-ARegistered No. 196
(For use of Local Registrar)(No. 614 Maxwell St.) Ward)

(2) Full Name of Child

Baby Simon

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be completed only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age Parents Married <u>40</u>	(7) DATE OF BIRTH <u>June 13</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Harry Simon</u>	(14) NAME BEFORE MARRIAGE <u>Matthias Geddings</u>	(12) PRESENT POSTOFFICE OF FATHER <u>Strom</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Strom</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(14) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Strom Co</u>	(18) BIRTHPLACE <u>Strom Co</u>	(14) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Gorn Alina at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. L. Lida(24) State whether Physician or Midwife phys.

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 6, 1923

(28)

P. A. Brigham
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.

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