

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of North

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18738

Registration District No. 2612 Registered No. 49
(For use of Local Registrar)

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

3 — BOY OR GIRL?

4 Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 26 1923
(Month) (Day) (Year)

FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

12 BIRTHPLACE

13 OCCUPATION

(11) AGE AT LAST BIRTHDAY 21
(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY 18
(Years)

20 Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife (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 Jan 26 1923 (28) Walter Simpson Local RegistrarWhen 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.