

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. 414 Sumter St., St.; Ward)

2. FULL NAME OF CHILD Henry Marshall Sims

22 049403

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 A

FILE No.—For State Registrar Only

01153

Registered No. (For use of Local Registrar)

3. Boy or Girl Boy If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth Nov 13 19 22 (Month, day, year)

9. Full name FATHER
Doctor Sims, Jr.

18. Name before marriage MOTHER
Ollie Marshall

10. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

19. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 26 (years)

20. Color or race Negro 21. Age at child's birth 22 (years)

13. Birthplace (city or place) Richland Co.
(State or country)

22. Birthplace (city or place) Richland Co.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living..... 1 (b) Born alive but now dead..... 0 (c) Stillborn..... 0

28. If stillborn, period of gestation..... (months) weeks

29. Cause of stillbirth..... (Before labor..... During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8:00 A. m. on the date above stated.

(Signed) Ollie Sims Doctor Sims Mother Father Grandmother

Address.....

Registrar.

Filed 5/19 19 43 M. B. Woodward, M.D. Registrar.