

22 049409

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

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia

(No. 414 Sumter St. 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 Henry Marshall Sims (If child is not yet named, make supplemental report as directed.)

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 1922
(Month, day, year)

9. Full name FATHER
Doctor Sims, Jr.
10. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

18. Name before marriage MOTHER
Ollie Marshall
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)
13. Birthplace (city or place) Richland Co.
(State or country)

20. Color or race Negro 21. Age at child's birth 22 (years)
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
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 19 _____

OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____ 19 _____

27. Number of children of this mother (At time of birth and including this child) (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
Address _____

Filed 5/19 1943 M. B. Woodward, M. D.
Registrar.

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.)