

## (1) PLACE OF BIRTH

County of Laurin  
 Township of Beuten  
 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  
**30966**

Registration District No. 2902 Registered No. 95  
 (For use of Local Registrar)

City of ..... (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

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

(3) SEX OR GIBBLY <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	DATE OF BIRTH <u>Sept 7, 1915</u> (Name) (Month) (Day) (Year)
(7) FULL NAME <u>Wash Simpson</u>			(8) MOTHER <u>Julie Suber</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mountville</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Mountville SC</u>	
(11) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(13) COLOR OR RACE <u>Negro</u>	(14) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(15) BIRTHPLACE <u>Laurin Co.</u>		(16) BIRTHPLACE <u>Laurin Co.</u>		
(17) OCCUPATION <u>Farm</u>		(18) OCCUPATION <u>Farm</u>		
(19) Number of children born to mother, including present birth <u>3</u>		(20) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive ..... at 6 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Eliza Perry

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Sept 12, 1915 (27) B. R. Jones  
 Registrar 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.