

(1) PLACE OF BIRTH

County of SpartanburgTownship of Glenn Springsor Inc. Town of Glenn Springsor City of Glenn Springs(No. 1 St. 1 Ward 1)
(if birth occurs in a hospital or other institution give name of same instead of street and number.)(2) Full Name of Child Ralph Simpson

File No. — For State Registrar Only

2516Registration District No. 4th S. Registered No. 1
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lessie Simpson(9) PRESENT POSTOFFICE OF FATHER Glenn Springs(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Evie Jeter(15) PRESENT POSTOFFICE OF MOTHER Glenn Springs(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Dom.(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bonnie at 2 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Jones(24) State whether Physician or Midwife Mid. (25) Address of Physician or Midwife Glenn Springs

Given name added from a supplemental report:

(26) Witness J. C. White
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date Jan 20 1922 (28) Mrs. J. C. White 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.