

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2809Registration District No. 3.0.5.Registered No. 1.7.  
(For use of Local Registrar)(2) Full Name of Child James Simpson (If child is not yet named, make supplemental report as directed)(1) Sex of Child Male (2) Type or Figure To be inserted only in case of Twin or Triple (3) Number in order of birth 1 (4) Age at last birthday 3.7 (5) Date of Birth Feb. 19, 1933

FATHER.		MOTHER.	
(6) Full Name <u>L. J. Simpson</u>	(14) Name before marriage <u>John Brown</u>	(16) Present residence of father <u>Summerville, S.C.</u>	(18) Present residence of mother <u>Summerville, S.C.</u>
(10) Color or race <u>White</u>	(12) Age at last birthday <u>3.7</u>	(16) Color or race <u>White</u>	(18) Age at last birthday <u>3.6</u>
(12) Birthplace <u>Ga.</u>	(14) Occupation <u>Farmer</u>	(16) Birthplace <u>S.C.</u>	(18) Occupation <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) L. J. Simpson

(28) State whether Physician or Midwife

(30) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

(32) Witness (Signature of witness necessary only when question 28 is signed by mark)

(34) Filed Feb. 19, 1933 (36) 1.7.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.