

5/4/43

no card

U. S. Dept. of Commerce
Bureau of the Census

22 049403

1. PLACE OF BIRTH

County of.....Richland.....

Township of.....

or
Inc. Town of.....or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 31-A

FILE No.—For State Registrar Only

01146

Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

Henry Simms

{ If child is not yet named, make
supplemental report as directed.3. Boy or
BoyIf Plural
births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of

birth March 23

19 22

5. Number, in order of birth.....

Full term Yes

Married? Yes

(Month, day, year)

9. Full
name

FATHER

Henry Simms

18. Name before
marriage

MOTHER

Bertha Shiver

10. Residence (mailing address)

(If non-resident, give place and State) Gasden, S. C.

19. Residence (mailing address)

(If non-resident, give place and State) Gasden, S. C.

11. Color or race Col.

12. Age at child's birth 20

(years)

20. Color or race Col.

21. Age at child's birth 16

(years)

13. Birthplace (city or place)

(State or country) Gasden, S. C.

22. Birthplace (city or place)

(State or country) Gasden, S. C.

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 work17. Total time (years)
spent in this work

19.....

OCCUPATION

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

Domestic

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 work26. 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..... (b) Born alive but now dead..... (c) Stillborn.....

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 5:00 A. m. on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Given name added from

a supplementary report.....

(Date of)

(Signed)....., Parent

or....., Guardian

Address.....

Filed May 4, 1943 M. B. Woodward

Registrar.

F. F. E.

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.)