

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville
Township of Laurens

OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 90079 For State Registrar Only

Registration District No. 2206 Registered No. 147
(For use of Local Registrar)

(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. J. C. Simpson } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Simpson

(9) PRESENT POSTOFFICE OF FATHER J. C. Imp. S. C. R. #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Laurens Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE T. Cora Mahaffey

(15) PRESENT POSTOFFICE OF MOTHER J. C. Imp. S. C. R. #1

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Laurens

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alta G. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Simpsonville, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 10 1917 (28) T. B. Duckett 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia