

(1) PLACE OF BIRTH

County of St. James

Township of

or

Inc. Town of St. James

or

City of

(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 HealthNo. 1. - For State Registrar Only
3711Registration District No. Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Robert Simpson

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 2 1913</u>
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FATHER.

8) FULL NAME Simon Simpson9) PRESENT POSTOFFICE OF FATHER Allen10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Elangeter15) PRESENT POSTOFFICE OF MOTHER Allen16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Farmer21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lena Allison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Allen

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Signed Feb 2 1913 (28) J. E. Miller 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 9th month of pregnancy.