

(1) PLACE OF BIRTH

County of Anderson

Township of Centreville

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
71251

Registration District No. 303

Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Mary Simms

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug. 19, 1916

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ben Simms

(14) NAME BEFORE MARRIAGE Essie Bell

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. A.P.D. 2

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. A.P.D. 2

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY (?)
(Years)

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY (?)
(Years)

(12) BIRTHPLACE Anderson Co., S.C.

(18) BIRTHPLACE Anderson Co., S.C.

(13) OCCUPATION Farm laborer

(19) OCCUPATION House servant

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:10 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. A. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 9, 1916 (28) W. H. Hale 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.

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MARGIN RESERVED FOR BINDING.

PRINTED AND PUBLISHED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 8.

McClary