

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Fairview*Inc. Town of *Simpsonville*

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of HealthRegistration District No. *2202*

File No. — For State Registrar Only

*64533*Registered No. *73*

(For use of Local Registrar)

(2) Full Name of Child. *Elizabeth Hummer* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet?  (5) Number in order of birth *11* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 22, 1916*

## FATHER.

(8) FULL NAME *Josiah Hummer*(9) PRESENT POSTOFFICE OF FATHER *Simpsonville S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *50* (Years)(12) BIRTHPLACE *Greenville Co.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *11*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lillian Rubin*(15) PRESENT POSTOFFICE OF MOTHER *Simpsonville*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *Greenville Co.*(19) OCCUPATION *House work*(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10 P.* M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *M. C. Smith*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Simpsonville 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 *July 20, 1916* (28) *J. B. Duckert* 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.