

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

71283

(1) PLACE OF BIRTH

County of *Anderson*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Honea Path*Registration District No. *307* Registered No. *104*or
Inc. Town of

(For use of Local Registrar)

or
City of

(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 *William Jaymie Simpson* 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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 10, 1916*
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME *Henry P. Simpson*(6) PRESENT POSTOFFICE OF FATHER *Honea Path SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *Anderson Co*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *35*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lela M. McClelland*(15) PRESENT POSTOFFICE OF MOTHER *Honea Path SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)(18) BIRTHPLACE *Anderson Co.*(19) OCCUPATION *house wife*(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 *4 P.* M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *W. J. Harrison, M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Belton Co.*

Given name added from a supplemental report

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

....., 191.....
Registrar(27) Filed *Spt 1, 1916* (28) Local Registrar *J. P. Baker Sub*

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.)