

1409
187STATE OF SOUTH CAROLINA
BOARD OF HEALTH

*Amended by Court Order 11-1-69

CERTIFICATE OF LIVE BIRTH

BIRTH No. 139 16-089370

NAME JOHN D. SIMMONS*		DATE OF BIRTH (MONTH, DAY, YEAR) 20. Oct 10, 1916	HOUR 20. 10:00 AM.
SEX Male		COUNTY OF BIRTH 50. Colleton	
LOCATION OF BIRTH 51. Ritters		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 52.	
MOTHER'S NAME FIRST MIDDLE LAST Evelina Saxby		AGE (AT TIME OF THIS BIRTH) 6b. 16	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. South Carolina
STATE S. C.	COUNTY 7b. Colleton	CITY, TOWN, OR LOCATION 7c. Ritters	STREET AND NUMBER 7d.
NAME FIRST MIDDLE LAST Willie Simmons*		AGE (AT TIME OF THIS BIRTH) 8b.	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c.
OCCUPATION		KIND OF BUSINESS OR INDUSTRY 8d.	
NAME OF MOTHER		MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) 9b.	
NAME OF THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE 10a. Emma Saxby		DATE SIGNED (MONTH, DAY, YEAR) 10b.	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. Midwife
NAME (TYPE OR PRINT) Emma Saxby		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. Ritters, S. C.	
SIGNATURE Vernon A. Padgett		DATE RECEIVED BY LOCAL REGISTRAR 11b. MONTH June 10, DAY 1917 YEAR	

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE—FATHER 12c. AMERICAN INDIAN, ETC. Negro		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED 13. ELEMENTARY (1,2,3,4, OR 8) HIGH SCHOOL (1,2,3, OR 4) COLLEGE (1,2,3,4, OR 5+)			PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN 14a. ARE NOW LIVING 14b. WERE BORN ALIVE—NOW DEAD 14c. WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)		
RACE—MOTHER 15c. AMERICAN INDIAN, ETC. Negro		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED 16. ELEMENTARY (1,2,3,4, OR 8) HIGH SCHOOL (1,2,3, OR 4) COLLEGE (1,2,3,4, OR 5+)			DATE OF LAST LIVE BIRTH 17a. MONTH DAY YEAR		DATE OF LAST FETAL DEATH 17b. MONTH DAY YEAR
MENSTRUATION 18a. MENSES BEGAN DAY YEAR		MONTH OF PREGNANCY PRENATAL CARE BEGAN 19a. FIRST, SECOND, THIRD, ETC. (SPECIFY)		PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE) 19b.		LEGITIMATE (SPECIFY YES OR NO) 20. Yes	BIRTH WEIGHT 21.
BLOOD TESTED FOR SYPHILIS? 22a. DATE MONTH DAY YEAR		LABORATORY (DESCRIBE OR WRITE "NONE")		WHAT PROPHYLATIC USED IN EYES? (SPECIFY) 22b.		TIME USED M.	
PREGNANCY		(DESCRIBE OR WRITE "NONE")		BIRTH INJURIES TO CHILD 23.		(DESCRIBE OR WRITE "NONE")	
(DESCRIBE OR WRITE "NONE")		(DESCRIBE OR WRITE "NONE")		CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD 24.		(DESCRIBE OR WRITE "NONE")	
(DESCRIBE OR WRITE "NONE")		(DESCRIBE OR WRITE "NONE")		25.		(DESCRIBE OR WRITE "NONE")	