

STATE OF SOUTH CAROLINA
BOARD OF HEALTH

*Amended by Court Order 11-1-69

CERTIFICATE OF LIVE BIRTH

BIRTH No. - 139 16-089370

1409
187

NAME - FIRST MIDDLE LAST JOHN D. SIMMONS*			DATE OF BIRTH (MONTH, DAY, YEAR) 2b. Oct 10, 1916		HOUR 2c. 10:00 AM.
THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. SPECIFY			IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH 5b. Colleton
SEX 4a. Male			HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		
LOCATION OF BIRTH 4b. Ritters			INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. South Carolina		
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.
FATHER'S 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.		
MOTHER'S NAME			MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) 9b.		
WAS THE ABOVE NAMED CHILD BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE ABOVE			DATE SIGNED (MONTH, DAY, YEAR) 10b.		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. Midwife
MOTHER'S NAME (TYPE OR PRINT) Emma Saxby			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. Ritters, S. C.		
REGISTRAR'S SIGNATURE Vernon A. Padgett			DATE RECEIVED BY LOCAL REGISTRAR 11b. June 10, 1917		

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE—FATHER 12c. AMERICAN INDIAN, ETC.		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.		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
GENERAL MENSES BEGAN 19a. DAY YEAR		MONTH OF PREGNANCY PRENATAL CARE BEGAN 19b. FIRST, SECOND, THIRD, ETC. (SPECIFY)		PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE) 19c.		LEGITIMATE (SPECIFY YES OR NO) 20. Yes	BIRTH WEIGHT 21.
BLOOD TESTED FOR SYPHILIS? 22a. DATE MONTH DAY YEAR		LABORATORY 22a.		WHAT PROPHYLATIC USED IN EYES? (SPECIFY) 22b.		TIME USED M.	
PREGNANCY (DESCRIBE OR WRITE "NONE")				BIRTH INJURIES TO CHILD 24.		PREGNANCY (DESCRIBE OR WRITE "NONE")	
PREGNANCY (DESCRIBE OR WRITE "NONE")				CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD 26.		PREGNANCY (DESCRIBE OR WRITE "NONE")	