

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

20545

County of YorkTownship of Fort MillInc. Town of Fort MillCity of Fort MillRegistration District No. 4406 Registered No. 31
(For use of Local Registrar)(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 Wood Ral Simmon

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH May 3 1902
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Simmon(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Harris(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Textile(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 at 3:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)(23) (Signature) W. R. Harris(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report

(26) Witness W. R. Harris
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10 1902 (28) W. R. Harris
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.