

(1) PLACE OF BIRTH

County AndersonTownship of Capitolaor
Inc. Town ofor
City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 303No. 30240Registered No. 11
(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 Icy Amelia Simms (If child is not yet named, make supplemental report as directed)

(a) SEX OF CHILD <u>Girl</u>	(b) TYPE OF BIRTH <u>Normal</u>	(c) MONTH OF BIRTH <u>Apr</u>	(d) DATE OF BIRTH <u>1-20</u>
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FATHER.

(a) NAME Samuel L. Simms(b) PRESENT ADDRESS Anderson, S.C. R.F.D. #3(c) COLOR W (d) AGE AT LAST BIRTH 34(e) BIRTHPLACE Anderson Co.(f) OCCUPATION Farmer(g) Number of children born to mother, including present birth VII

MOTHER.

(a) NAME OF MOTHER Icy Amelia Smith(b) PRESENT ADDRESS Anderson R.F.D. #3(c) COLOR W (d) AGE AT LAST BIRTH 33(e) BIRTHPLACE Madison Co. Ga.(f) OCCUPATION Housewife(g) Number of children of this mother now living, including present birth Off.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) (Signature) Olga D. Smith (25) Address of Physician or Midwife Anderson 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 (28) 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.

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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

It is to be used as follows: One of THREE OR FOUR COPIES TO BE MADE FOR EACH CHILD, AND ONE TO BE FILED IN THE BUREAU OF VITAL STATISTICS, No. 1, THE OTHER, No. 2, etc., IN QUESTION 2.