

Form No 1.

(1) PLACE OF BIRTH

County of YorklandTownship of Summerville

Ine. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91862

Registration District No. 105 Registered No. 105

(For use of Local Registrar)

(2) Full Name of Child William Simpson If 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
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH June 13 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Less Simpson

(9) PRESENT POSTOFFICE OF FATHER

Summerville(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Jeter

(15) PRESENT POSTOFFICE OF MOTHER

Summerville(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housewife(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 born alive at 3:00 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rose Jeter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

SummervilleSummerville

Given name added from a supplemental report

1914

Registrar

(26) Witness

J. C. White
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 16, 1914(28) J. C. White 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.

WHILE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
CITY of Columbia