

FORM NO. 5.  
MARGIN PRESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING 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.

Form No. 1

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**77094**

(1) PLACE OF BIRTH

County of Florence  
Township of Simmons

or  
Inc. Town of

or  
City of

Registration District No. 2015 Registered No. 71  
(For use of Local Registrar)

(If birth occurs in a hospital or (No. ... St.; ... Ward)  
other institution, give name of same instead of street and number.)  
City of ... } If child is not yet named, make  
supplemental report as directed

(2) Full Name of Child. Essie May Vergis

(3) BOY OR  
GIRL? Girl

(4) Twin  
or Triplet? ☒

(5) Number in  
order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married? Yes

(7) DATE Sept. 28  
BIRTH 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL  
NAME

John Vergis

(9) PRESENT  
POSTOFFICE  
OF FATHER

Simmons S.C.R.D.

(10) COLOR  
OR  
RACE

Negro

(11) AGE AT LAST  
BIRTHDAY 25  
(Years)

(12) BIRTHPLACE

Lee County, S.C.

(13) OCCUPATION

Farmer

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

Three

(14) NAME BEFORE  
MARRIAGE

Maggie Hickson

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Simmons S.C.R.D.

(16) COLOR  
OR  
RACE

Negro

(17) AGE AT LAST  
BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Florence Co. S.C.

(19) OCCUPATION

Field laborer

(21) Number of children of this mother  
now living, including present birth

Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M.,  
(Born alive or stillborn) Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) R. R. Foster, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Simmons S.C.

Given name added from a supplement-  
tal report

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed Oct 3 1916 (28) W. C. Munn  
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.