

(1) PLACE OF BIRTH

County of Richland
 Township of Blythewood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2386

Inc. Town of

Registration District No. 3800Registered No. 8

(For use of Local Registrar)

City of

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

(3) Full Name of Child Willie Simmons

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

(4) SEX OR
SEX?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(No. of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWesley Simmons(9) PRESENT
POSTOFFICE
OF FATHERBlythewood(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY29
(Years)

(12) BIRTHPLACE

Hartfield co

(13) OCCUPATION

Laborer(14) Number of children born to
mother, including present birth9

MOTHER.

(14) NAME BEFORE
MARRIAGECarrie Simmons(15) PRESENT
POSTOFFICE
OF MOTHERBlythewood SC(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

Hartfield co

(19) OCCUPATION

Fieldwork(20) Number of children of this mother
now living, including present birth9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Nancy Kerstie

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

BlythewoodGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

1912

(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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