

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Woodruff*

or  
Inc. Town of

or  
City of

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

Registration District No. *4009*

Registered No. *158*

File No.—For State Registrar Only  
**91925**

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

(2) Full Name of Child *Beretta Simms*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

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

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Dec. 18, 1916*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Randolph Simms*

(9) PRESENT POSTOFFICE OF FATHER *Woodruff, S.C.*

(10) COLOR OR RACE *negs*

(11) AGE AT LAST BIRTHDAY *50*  
(Years)

(12) BIRTHPLACE *Fairfield Co. S.C.*

(13) OCCUPATION *farmer*

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Lara Gilliam*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff, S.C.*

(16) COLOR OR RACE *negs*

(17) AGE AT LAST BIRTHDAY *36*  
(Years)

(18) BIRTHPLACE *Union Co.*

(19) OCCUPATION *Housewife*

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

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

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1* a *...* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. Moore*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Woodruff, S.C.*

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

(27) Filed *Jan 6 1917* (28) *Chas L Boyter*  
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.

fifth month of pregnancy.

MISCELLANEOUS INFORMATION, No. 1, THE OTHER, No. 2, etc., in question 2.

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