

## (1) PLACE OF BIRTH

County of *Anderson*  
 Township of *Wellington*  
 or  
 Inc. Town of *Pelzer S.C.*  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

62961

Registration District No. *3-D* Registered No. *62*  
 (For use of Local Registrar)

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

(2) Full Name of Child *William Maynard 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 \_\_\_\_\_ (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 24 1916*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Ligon Simpson*(9) PRESENT POSTOFFICE OF FATHER *Pelzer S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37*  
 (Years)(12) BIRTHPLACE *Anderson Co S.C.*(13) OCCUPATION *Book Keeper*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Skuritta Maynard*(15) PRESENT POSTOFFICE OF MOTHER *Pelzer S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*  
 (Years)(18) BIRTHPLACE *Chipley Ga.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 a* M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. D. Moster*(24) State whether Physician or Midwife *M.D.* (25) Address of Physician or Midwife *Pelzer S.C.*

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *July 9 1916* (28) *Francis J. Pelzer, 3rd* 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.

NEARLY ALL STATES REQUIRE THIS FORM TO BE FILED IN THE OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. SEE INSTRUCTIONS ON PAGE 2 OF THIS OTHER, No. 2, etc., in question 5.  
 McCall, of Columbia