

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

File No.—For State Registrar Only

62961

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-2

Registered No. 62

(For use of Local Registrar)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(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

Pegler St.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Book Keeper

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Skurutta Maynor.

(15) PRESENT POSTOFFICE OF MOTHER

Pegler St.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Chipley Ga.

(19) OCCUPATION

Domestic

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

2

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. T. Mosher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

Pegler St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 9 1916

(28) Francis J. Pegler, 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.

WRITE PLAINLY, WITH UNFADING INK—TREAT AS A REGIMANER'S CATEGORY.
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.
McGraw-Hill of Columbia