

## PLACE OF BIRTH

City of Spartanburg  
 Township of Woodruff  
 or  
 Town of .....

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

File No.—For State Registrar Only  
**87553**

Registration District No. 4009 Registered No. 1218  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child William Collier Simmons If child is not yet named, make supplemental report as directed

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 9 1916  
 (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Roy Gardner Simmons

PRESENT POSTOFFICE OF FATHER Woodruff S.C.

(8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(9) BIRTHPLACE Pickens Co.

(10) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Mae Williams

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Physician

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

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

(27) Filed 11/14 1916 (28) Chas. L. Rauter 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.

before the fifth month of pregnancy.

For State Registrar Only  
**587**

No. 126 Local Registrar)

number.) Ward)

et named, make report as directed

3 1916 (Year)