

(1) PLACE OF BIRTH

County of AbbevilleTownship of One WestInc. Town of
or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

12546

Registration District No. 10.6 Registered No. 7.2

(For use of Local Registrar)

2) Full Name of Child Jemie Halbert

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

10

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

FATHER.

(8) FULL NAME

Hardie Simpson

(9) PRESENT POSTOFFICE OF FATHER

Leul Land, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

10

(14) NAME BEFORE MARRIAGE

Kettie Fisher

(15) PRESENT POSTOFFICE OF MOTHER

Leul Land

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) of J. A. Simpson

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

Leul Land, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed January 10, 1917

(28)

J. A. Simpson 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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