

FORM NO. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Anderson

Inc. Town of

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

66555

Registration District North 300 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Julius Simpson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 3 1916
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME

Julius Simpson

(9) PRESENT POSTOFFICE OF FATHER

Bryan

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Slc

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Boyd

(15) PRESENT POSTOFFICE OF MOTHER

Bryan

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Slc

(19) OCCUPATION

Field work

(21) 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 9 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Andrade

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

midwife Kingsport, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10 1916(28) G. W. Loomis
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.

MARGIN RESERVED FOR BONDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McCoy, of Columbia