

## (1) PLACE OF BIRTH

County of AndersonTownship of Vareunes

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

71325

Registration District No. 3/3 Registered No. 27  
(For use of Local Registrar)

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 Mildred Louise Simpson If child is not yet named, make supplemental report as directed(3) ~~Boy~~ GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 4, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie McDuffie Simpson(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R. 7(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
(Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth II

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Louise Sanders(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F.D. 7(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Deer Creek Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth II

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. M., on the date above stated. (Born alive or stillborn) (Hour PM or P. M.)(23) (Signature) H. A. Brummett

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

Physician Anderson 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 Sept 9, 1914 (28) C. A. Elrod  
Registrar 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.

fifth month of pregnancy.

FOR MARCHES RESERVE FOR HUNTING  
WITH 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.