

(1) PLACE OF BIRTH

County of Anderson

Township of Varenes

Inc. 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

71325

Registration District No. 3/3

Registered No. 27

(For use of Local Registrar)

(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 1916

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 11

MOTHER.

(14) NAME BEFORE MARRIAGE Corrie 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 Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

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 ~~M.~~ or P. M.)

(23) (Signature) H. A. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Anderson S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Sept 9 1916 (28) C. A. Elrod 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.

FOR MATRONS—RESERVED FOR PRINTING
WHILE PLAINLY, WITH ENFADING 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 OTHERS, No. 2, etc., in question 5.