# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66336

(1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff S.C.

or Inc. Town of .....

or City of Woodruff, S.C. (No. 2 ..... St.; ..... Ward)

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

Registration District No. 4009 Registered No. 65 (For use of Local Registrar)

(2) Full Name of Child Ollie Delbert Simmonds 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 June 2, 1916 (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| | To be answered only in event of Twins or Triplets | | | |

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Barge Franklin Simmons | (14) NAME BEFORE MARRIAGE Lola P. Arnold |
| (9) PRESENT POSTOFFICE OF FATHER Woodruff S.C. #2 | (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C. #2 |
| (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years) | (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years) |
| (12) BIRTHPLACE Pickens Co., S.C. | (18) BIRTHPLACE Spartanburg Co., S.C. |
| (13) OCCUPATION Farmer | (19) OCCUPATION Domestic |
| (20) Number of children born to mother, including present birth 6 | (21) Number of children of this mother now living, including present birth 6 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: [illegible], 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 June 6 1916 (28) Chas. L. Boyter 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.

..... Registrar Local Registrar.

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