

(1) PLACE OF BIRTH
County of Salisbury S.C.
Township of North Columbia
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
46007

Registration District No. 1507 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Willie Simon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 30</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest Simon</u>			(14) NAME BEFORE MARRIAGE <u>Betha Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mont. Clara S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mont. Clara S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Salisbury County</u>			(18) BIRTHPLACE <u>Salisbury County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4.30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Wilson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salisbury 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 Feb. 3. 1916 (28) C. A. Carly
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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