

(1) PLACE OF BIRTH

County of GreeneburgTownship of Greeneburg

or

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

66559

Registration District No. 4301 Registered No. 271

(For use of Local Registrar)

(2) Full Name of Child William Simpson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? -(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 5, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Simpson(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Williams(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Wichlor S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) John Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

(26) Witness

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

(27) Filed June 13, 1916(28) E. C. Taylor, M.D.

Local Registrar

Given name added from a supplemental report

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Registrars

*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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.