

MARGIN RESERVED FOR BINDING.
WRITE 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>St. James Santee</u> or Inc. Town of <u>W. H. Leelanawille</u> 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 76131	
(2) Full Name of Child. <u>Richard Simmons</u>		Registration District No. <u>906</u>		Registered No. <u>94</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 26</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Jack Simmons</u> (9) PRESENT POSTOFFICE OF FATHER <u>Santee</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>20</u> (Years) (12) BIRTHPLACE <u>Charleston</u> (13) OCCUPATION <u>Wm. Work</u> (20) Number of children born to mother, including present birth <u>1</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Annie Campbell</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Santee</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) (18) BIRTHPLACE <u>Charleston</u> (19) OCCUPATION <u>Field Hand</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 o'clock a.m.</u> on the date above stated. (23) (Signature) <u>Betty Johnson</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Santee</u>					
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 <u>Oct 7</u> 191 <u>6</u> (28) <u>Geo. E. Beckman</u> 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.