

Form No. 1.

(1) PLACE OF BIRTH  
County of Berkley  
Township of 1st Johns.  
or  
Inc. Town of  
or  
City of

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

File No. For State Registrar Only  
**58829**

Registration District No. 702 Registered No. 31  
(For use of Local Registrar)

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

(2) Full Name of Child Honey Simons { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH May 26 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Frank Simons  
(9) PRESENT POSTOFFICE OF FATHER Oakley S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Oakley  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 8 Eight

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Middleton  
(15) PRESENT POSTOFFICE OF MOTHER Oakley S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Oakley  
(19) OCCUPATION House Wif  
(21) Number of children of this mother now living, including present birth one ①

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jos. P. Hines  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oakley S.C.

Given name added from a supplemental report

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

(27) Filed 5/31 1916 (28) Charles A. Jones 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.