

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCaw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Lenoir  
 Township of Chatham  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**46196**

(2) Full Name of Child Watson Simmons If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 4</u> 191 <u>6</u> (None of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Ericcibatt Simmons</u> (9) PRESENT POSTOFFICE OF FATHER <u>Simmonsville</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) (12) BIRTHPLACE <u>Simmonsville</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>1</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Mercedes Matheson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Simmonsville S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) (18) BIRTHPLACE <u>Simmonsville</u> (19) OCCUPATION <u>Teacher</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 born at Simmonsville M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) H. J. Beck  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Simmonsville

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 Jan 10 1916 (28) H. J. Beck 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.

W. H. N. E.

McCaw

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