

WRITE 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  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

W. E.  
N. E.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Chapin  
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

46196

Registration District No. .... Registered No. ....  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child Watson Simmons

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 4 1916  
To be answered only in event of Twins or Triplets  
(None of Month) (Day) (Year)

FATHER.

(8) FULL NAME Trickett Simmons  
(9) PRESENT POSTOFFICE OF FATHER Simmons  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Simmons  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mersey Matheson  
(15) PRESENT POSTOFFICE OF MOTHER Simmons  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Simmons  
(19) OCCUPATION Teacher  
(20) Number of children born to mother, including present birth 1  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Chapin M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) H. G. Beck  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Simmons

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. G. 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.

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