

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James
 Inc. Town of St. James
 City of St. James

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

File No.—For State Registrar Only
71830

Registration District No. 906 Registered No. 61
 (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 Berlina 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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 10 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Allick Simmons

(9) PRESENT POSTOFFICE OF FATHER Santee

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Guide at Santee Club

(20) Number of children born to mother, including present birth { 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Patience Weston

(15) PRESENT POSTOFFICE OF MOTHER Santee

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bethy Gamm

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Santee, 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 Aug 31 1916 (28) Geo. E. Beedman 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.
 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