

MARGIN RESERVED FOR FINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 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.

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 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
80654

Registration District No. 905- Registered No. 95-
 (For use of Local Registrar)

St.; Ward)
 (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Maisy Evelyn Simehouse If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 10, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John F. Simehouse
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Dorchester Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maisy O'Brien
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 35- (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:40 a.m.
 on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) K. J. Pearlstone
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed Oct. 12, 1916 (28) W. C. Hills 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.