

(1) PLACE OF BIRTH

County of GreenvilleTownship of Lexington

Inc. Town of

City of

(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

64349

Registration District No. 2010 Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Charles 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 BIRTH June, 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Simmons(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Cowards, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Johnson(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) Phyllis E. Roshack(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness E. L. Montgomery

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

(27) File June 16, 1916 (28) E. L. Montgomery

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.

Chaw. of Columbia.