

## (1) PLACE OF BIRTH

County of *J. Lawrence*Township of *Lynch*

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? <i>Boy</i>	(4) Twin or triplet? <i>No.</i> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June, 16, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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## 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*(20) Number of children born to mother, including present birth *7*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Genevieve 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*(21) 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Phyllis E. Probst*(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 child)(27) Registrar *James H. Co* (28) Local Registrar *E. L. Montgomery*

\*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.

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.  
 Div. of Columbia.

MARGIN RESERVED FOR BINDING.