

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.

Form No. 1.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Adrian*

or
Inc. Town of

or
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
45680

Registration District No. *113*

Registered No. *3*

(For use of Local Registrar)

(2) Full Name of Child. *Robert Draton Simon*

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(To be answered only in case of Twin or Triplet)

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *Jan 2 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Simon

(9) PRESENT POSTOFFICE OF FATHER

#8 King St Charleston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

John Island S.C.

(13) OCCUPATION

Freight Truckee

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Draton

(15) PRESENT POSTOFFICE OF MOTHER

714 Lombard St S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

John Island S.C.

(19) OCCUPATION

Farm Laborer

(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* at *S.P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mrs. Draton*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife *Walter D. S.C.*

Given name added from a supplemental report

(26) Witness

Miss W. S. S. S.C.

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

(27) Filed

Jan 2 1916

(28)

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.