

(1) PLACE OF BIRTH

County of WayneTownship of Swift Creek

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

46018

Registration District No. 12 Registered No.

(For use of Local Registrar)

2) Full Name of Child Milton Simon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Take answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 26, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Milton Simon

(9) PRESENT POSTOFFICE OF FATHER Washington D.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Washington D.C.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Baco

(15) PRESENT POSTOFFICE OF MOTHER Washington D.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Washington D.C.

(19) OCCUPATION House wife

(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 Alive at 3:00 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) James T. Chauder

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Washington D.C.

Given name added from a supplemental report

(26) Witness J. E. K. (Signature of Witness necessary only when question 22 is signed by Mark)(27) Filed Jan 30, 1916 (28) E. A. Early 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.

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